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Altered Stories, Altered Lives: An Exploration of Post Traumatic Growth from A Narrative Perspective with a Strengths Based Focus

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Altered Stories, Altered Lives: An Exploration of Post Traumatic Growth from A Narrative Perspective with a Strengths Based Focus

by

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Abstract

Complex trauma is prevalent, underrecognized, and difficult to treat. Left untreated, the ongoing negative consequences impact individuals, families and society. Literature indicates traditional modes of treatment for post-traumatic stress disorder have high attrition rates and are ineffective for approximately 30% of clients (Schouten et al., 2018). Art Therapy provides the opportunity to offer effective, well tolerated treatment for ongoing adverse consequences of trauma symptoms and recontextualization of the trauma due to the highly nonverbal nature of trauma memory (Hass-Cohen et al., 2014). A nested mixed methods design (Neubauer et al., 2019) combining arts-based research with pre and posttest survey analysis gathered detailed, phenomenological information from a single case study of a 60-year-old female trauma survivor. This study investigated her experience of trauma and movement towards post traumatic growth through the collection of data from art, participant feedback, and survey analysis. Results from this single case narrative, arts based inquiry produced improvements in several post-trauma recovery markers (Hass-Cohen et.al, 2014) including self-identified character strengths and yielded support for the significance of the fear/shame bind which is often hidden from consciousness even for clients who have undergone intensive trauma treatment. Further research using the nested mixed methods approach is needed to understand the fear/shame bind including adaptation to groups, which could provide a deeper understanding of the benefits of ongoing recovery support.

Keywords: post traumatic growth, childhood trauma, complex trauma, shame, art therapy, nested mixed methods, altered books, narrative, check protocol

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Chapter 1

Introduction

Not only is childhood sexual abuse (CSA) rampant in the United States, it is also underreported and undertreated (Murray, 2014), resulting in approximately one in four girls and one in thirteen boys experiencing sexual abuse by the age of eighteen, with an overwhelming majority of cases being perpetrated by family members or people known to the family (CDC, 2021). According to childwelfare.gov (Child maltreatment, 2019), over four hundred thousand cases of child sexual abuse were reported in 2019. The consequences of untreated CSA affect a person throughout their lifespan. Even with treatment, recovery from trauma is ongoing. Traditional evidence-based treatments, cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) focus on the pathological symptoms of PTSD, but 30% of clients have been shown to be unresponsive to these treatments, most likely because traumatic memories are largely nonverbal (Schouten et al., 2018). Alternative methods of accessing traumatic memories, such as art therapy have been shown to be highly effective (Campbell et al., 2016), not only in accessing the trauma narrative, but in transforming the resultant negative autobiographical concept of self.

The trauma genic dynamics of CSA are unique. Feelings of powerlessness, stigmatization, and betrayal may lead to internalization of the trauma by the survivor resulting in negative psychological and behavioral issues (Walker-Williams & Fouche, 2018). The consequences of untreated CSA may affect the physical and mental health of a child throughout their lifetime influencing cognitive ability, processing of emotions, and behavioral responses.

The invasive nature of childhood sexual trauma effectively interrupts the formation of self-identity and results in an inability to form secure attachments (Kliethermes et al., 2014).

Adult survivors of CSA have reported feelings of shame, guilt, insignificance, a sense of undeserving, and self-loathing. Females exposed to CSA experience much higher rates, 2 to 13 times, of sexual victimization in adulthood and are twice as likely to experience non-sexual violence from an intimate partner (CDC, 2021). Cumulative and complex trauma (CT) describe results from exposure to prolonged, repeated abuse. People with CT often feel they have lost themselves (Backos, 2021).

Treating trauma is complex. Diagnosing and treating CT is even more complex. It is essential for a trauma therapist to be specifically trained in treating trauma and employ treatment modalities that do not create further traumatic experiences as a result of therapy. While cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) are typical treatment modalities for working with the symptoms of PTSD, 30% of clients have been shown to be unresponsive to these treatments. Art therapy has been shown to be a safe, effective modality in the treatment of trauma symptoms and recontextualization of the trauma due to the highly nonverbal nature of trauma memory (Hass-Cohen et al., 2014).

The process of post traumatic growth (PTG) is ongoing. People want more than relief from suffering, they want to enjoy their lives (Seligman, 2004). PTG allows people to use their trauma as a catalyst for self-actualization (Perel, 2018) and very little research has been done providing evidence-based treatment protocols for PTG throughout the lifetime. Although the fact that the trauma occurred stays present for a lifetime, the stories people live in response to those traumas can change and evolve over time. A narrative approach with a strength-based focus allows for re- authoring lived stories. Focusing on unique outcomes and strengths allows people to find new meaning in their stories. One common intervention in narrative art therapy is altered book making in which various art materials can be used to alter an existing book.

In narrative therapy this process (which parallels the ability to explore and reauthor lived narratives) has been found to provide new meaning (Cobb et al., 2010) Altered book making has been found to produce shifts in knowing (Cobb et al., 2010); therefore this study should provide rich data for the protocols and practice of art therapy in PTG.

PTG has been defined as the growth resulting from highly challenging life events. The process of PTG is ongoing, and very little research has been done providing evidence-based treatment protocols for PTG throughout the lifetime. Teaching someone to cope with the effects of trauma is an essential piece of trauma recovery, but most people want more than relief from suffering. Once the suffering is managed, people want to enjoy and enhance their lives, they want lives filled with meaning (Seligman, 2002). The idea that great growth can come from suffering is not new. People who have survived cancer and other medical crises often report deep appreciation and new meaning in small life joys such as the hug of a child or the beauty of a sunset (Seiler et al., 2019).

Positive psychological changes have been increasingly documented in studies of PTG. These changes have been reported by 40 to 70% of people who continue the process of growth termed by Maslow as self-actualization (Tedeschi & Calhoun, 2004). Experiential outcomes of PTG are a greater appreciation for life, a growing sense of personal strength, richer spiritual experiences, increased compassion for self and others, and a transformation of priorities (Tedeschi & Calhoun, 2004). The journey from the psychological stress of trauma to the joys of a more meaningful life is challenging and begins with the desire to survive the psychological stress of the trauma. PTG is an outcome of that desire. The experience of PTG among trauma survivors is explained as thriving versus merely surviving or returning to a pre-trauma level of functioning (Tedeschi & Calhoun, 2004).

Traditional medical model trauma treatments have focused on returning a client to pre-trauma functional levels and reduction of symptomatology. This approach sees the client as defective and in need of repair (Walker-Williams & Fouche, 2018). In contrast, strengths-based approaches look for what is strong in the client instead of what is wrong. Internal and external resources are accessed for assistance in the recovery process. Recovery from CSA has been found to be a lifelong process. Stages of recovery, finding safety, remembering, mourning, and reconnection (Backos, 2021) are cyclical in nature. Strengths based approaches offer more than a pre-trauma return to baseline, they offer an avenue for the lifelong process of moving through these stages from survivor to thriver. PTG begins during the phase of reconnection and studies have identified positive psychological changes in growth during this stage (Backos 2021), which may last throughout the lifespan including changes in self-perception, relationships with others, and philosophical outlooks. The purpose of Narrative therapy, to examine dominant narratives to generate new meaning and conflict resolution, has been found to be effective in helping clients discover new meaning and alternative narratives.

Identity, through the lens of narrative theory, is understood through the stories one tells about their life. Lives are many storied with some of these stories forming dominant narratives that become unnoticed lived truths (Walther, 2009). Narrative therapy offers a route to challenge the dominant narratives through affirming personal agency and opening doorways to alternative stories, new possibilities and unique outcomes (Cobb, 2010). Narrative therapy has been established as a highly effective treatment for PTSD in adult trauma survivors (Erbes et al., 2014). The fact that the trauma occurred stays present for a lifetime and the stories people live in response to those traumas can change and evolve over time. A narrative approach with a strength-based focus allows for re-authoring lived stories. Focusing on unique outcomes and

strengths allows people to find new meaning in their stories and their lives. Narrative therapy and art therapy both employ labeling and narrating to empower clients to create new meanings.

Art therapy provides space for a client to develop problem solving skills and increase the ability to maintain affect-regulation which balances nervous system responses (Hass-Cohen, 2014). The empowering aspect of art therapy to provide present moment awareness results in balanced reward system functioning. Creating images of a desired future encourages states of parasympathetic calm. In this manner, art therapy allows the client to experience resiliency.

Art therapy creates space for exploring strengths, being in flow, experiencing positive emotions, and ultimately, expression of life purpose (Wilkinson, 2013), often through the use of metaphor. Narrative theory also utilizes imagery and metaphor through story to shift narratives and make new meanings. Although there are many art therapy approaches for treating trauma including the instinctual trauma response (Gantt and Tinnin, 2006), the neurobiologically informed work of Linda Chapman (2014), and trauma focused cognitive-behavioral therapy (TF-CBT), the researcher chose altered book making as a primary approach due to the containment and creativity properties of altered book making (Chilton, 2007). Combining art therapy and narrative theory creates a vehicle for discovering and processing buried memories and creating unique outcomes.

Current research suggests talk therapy alone has limited efficacy in treating CT and the use of approaches like art therapy which can access sensory, somatic and body-oriented memory is more effective (Naff, 2014). Expressive therapies such as art therapy, sandplay, creative dance, and therapeutic doll making may be necessary to provide safe access for the exploration and processing of stored traumatic experiences. The use of story, imagery, metaphors and symbols in art therapy allow the client to make new meanings, find a sense of purpose, and undergo positive

transformation (Chilton, 2013). Art and narrative therapy place value in allowing transformation to take place through a process of allowing the unconscious to communicate with the conscious. Altered book making has been found to produce shifts in knowing. Art therapy creates a bridge between somatic, sensory and body-oriented memory and conscious awareness.

Treating CT and PTSD effectively requires safe processing of trauma memories. Chronic PTSD is associated with dysregulation in four brain regions, the polyvagal complex, the endocrine system, the frontal brain and limbic system, and the reward system. Freeze responses, social avoidance, and sensitivity to stress are characteristic of disrupted polyvagal functioning. Hyperarousal in the autonomic short-term stress response system fuels a need for control and self-protection. Hypo-arousal in the endocrine long-term system creates a tendency to withdraw and dissociate. Neurotransmitters in the reward system facilitate responses relating to motivation and incapacitation. The neural pathways of reward and trauma response are shared. Dysregulation in the reward system may increase anxiety, increase fear reactions, and decrease levels of cognitive ability (Hass-Cohen et al., 2014).

The Check ("Check, Change What You Need To Change and/or Keep What You Want") protocol is a neurobiologically grounded approach providing safe space to process traumatic events and the narratives that become part of the lived experience of people with CT, and rebalance neurobiological and behavioral responses (Hass-Cohen et al., 2014). Five art directives make up the check protocol. They are designed to facilitate coherent trauma narratives, autobiographical coherence, rebalance the neurobiological systems, and promote increased levels of coping, control, and mastery (Backos, 2021, Hass-Cohen et al., 2014). The first three directives: an autobiographical timeline, depiction and discussion of the trauma, and a desired alteration of the depiction of the trauma, are designed to place the trauma in the past, create safe

space for exposure to memory, facilitate increased emotional awareness, and provide a way to experience an inner sense of control (Backos, 2021). The last two drawings of the check protocol are designed to promote resiliency and facilitate PTG (Hass-Cohen et al., 2014). The interventions are "draw your strengths" and "draw an image of what an optimistic future would look like" (Hass-Cohen et al., 2014).

PTG is the silver lining in the cloud of trauma. Recovering from PTSD and CT takes time, work, and courage. The last two directives of the check protocol are an example of neurobiologically based art interventions that offer a path to focus one one's strengths, find new meanings in life, and infuse optimism which restores cortisol levels and reduces stress. PTG is a strengths-based concept focusing on the positive psychological outcomes which occur after dealing with traumatic events. PTG facilitates shifts in world views, sense of self, positive relational changes, increased desire for intimacy, increases in wisdom, and spirituality (Backos, 2021). Trauma-focused art therapy approaches including the instinctual trauma response (Tinnin & Gantt, 2014), the neurobiologically informed work of Linda Chapman (Backos, 2021), visual dialogue (Spring, 2004), the art therapy trauma protocol (Talwar, 2007), Compassion-focused Visual Therapy (CVAT) (Joseph & Bance, 2020), and the ACT art therapy protocol for PTSD (Backos & Mazzeo, 2017) have been found to be effective in treating PTSD and CT. In addition, further research employing longitudinal studies using the check protocol, altered book making in PTG, visual dialogue, the ACT art therapy protocol for PTSD, and the CVAT would benefit the field of art therapy in producing evidence-based research for treating CT and PTG with art therapy as a primary as well as an ancillary treatment.

Art therapy protocols do not lack in efficacy, they lack in evidence-based research to support the efficacy of the treatment. Most art therapy protocols, while highly effective with

clients, are not recognized as evidence-based treatment because of a lack of research to support this label. Currently art therapy protocols are recognized as a helpful ancillary treatment by the International Society for the Study of Traumatic Stress (ISSTS) (Backos, 2021). It would benefit the field of art therapy to have a robust body of randomized controlled trials to provide evidence. Evidence-based treatments such as CBT and DBT treat the pathological symptoms of PTSD, but with 30% of clients having been shown to be unresponsive to these treatments and considering the fact that art therapy has been shown to be highly effective, not only in accessing the trauma narrative, but in transforming the resultant negative autobiographical concept of self, it would be highly benefit the field of art therapy and people seeking treatment for PTSD and CT for art therapy protocols to be recognized as evidence-based treatments for trauma.

The research questions for the current study are 1) What insights will emerge for participants as they explore the stories they want to shift? 2) Will participants experience positive shifts in meaning making, happiness, and sense of self? To answer these questions art will be used as intervention and as a part of the mixed methods research design. A mixed methods research approach allows art and science to dance together in creating research that is especially appropriate for the field of art therapy. Arts-based research (ABR) and art therapy both employ the use of artistic experiences including story, imagery, metaphors and symbols to make new meaning, sense of purpose, and positive transformation (Chilton 2013). Narrative theory also uses story, imagery, and metaphor to shift narratives and make new meaning. Art therapy creates space for exploration of strengths, experiencing flow, positive emotions, and expression of life purpose (Wilkinson, 2013). This research will employ an arts-based narrative approach with a strength-based focus. Participants, adults who have experienced CSA or other childhood traumas and are in the Post traumatic growth (PTG) stage of trauma recovery, will explore PTG

narratives through the use of altered book making and directives four and five of the Check protocol. Differences in pre and posttest survey responses from the Well-Being Survey (OECD, 2013) will be scored and participant's artistic and verbal responses from art directives will be explored for shifts in meaning making, sense of purpose, experience of flow, and shifts in positive emotions.

Chapter 2

Literature Review

Covered in this chapter is the research related to trauma reactions including: hyperarousal, intrusive thoughts, detachment, lack of pleasure, and avoidance, and the importance of treating subthreshold trauma related reactions. The similarities and differences between trauma, childhood trauma, and complex trauma will be covered as well as the consequences, including shame. Recovery from trauma including the stages of recovery and treatment modalities will complete the literature review.

Trauma

Trauma is defined by the current edition of the ICD-11 as a negative emotional reaction to an extremely threating event including combat, sexual violence, serious accidents, violence, or assault which may result in an acute trauma disorder or post traumatic stress disorder (PTSD) in which symptoms including: (a) hyperarousal such as enhanced startle reactions; (b) intrusive thoughts, memories, or dreams about the traumatic event; (c) feelings of numbness or dulling of emotions, and detachment from others; (d) lack of pleasure; (e) avoidance and fear of people, places, and situations, occur sometime between a few weeks to several months following the event (WHO, 2019). The DSM-5 refers to trauma in terms of reactions to causal events including: threatened or actual death, serious injury, or sexual violence. Exposures may be direct or indirect (American Psychiatric Association, 2013). PTSD is diagnosed as meeting four criteria, the first being the aforementioned causal criteria, the second being a persistent reexperiencing of the causal event through nightmares, flashbacks, physical reactivity after exposure to traumatic reminders, unwanted upsetting memories, or emotional distress after exposure to reminders of the trauma. The third criterion requires at least one symptom of

avoidance of trauma related thoughts, feelings, reminders and stimuli. The fourth criterion is new or worsening negative feelings or thoughts beginning after the traumatic experience. Two of the following: difficulty experiencing positive affect, overly negative assumptions and thoughts about self or the world, inability to recall key features of the trauma, decreased interest in activities, exaggerated blame of self or others for causing the trauma, feelings of isolation, and negative affect. The fifth criterion is trauma-related reactivity and arousal which began or got worse after the trauma. Two of the following are also required: difficulty concentrating, irritability or aggression, hypervigilance, difficulty sleeping risky or destructive behavior, or heightened startle reaction with symptoms having persisted for more than one month (the sixth criterion). The seventh criterion is that PTSD symptoms create functional impairment or distress or social or occupational areas. The last criterion is that symptoms are not induced by illness, medication or substance use.

It is important to note that clients who do not meet the criteria for a PTSD diagnosis and still suffer from clinically significant symptoms often have decrements in physical and mental functioning, and higher rates of co-occurring disorders (Mota et al. 2016). Although there is no subthreshold diagnosis, trauma-focused therapy will still benefit clients who experience clinical symptomology (Backos, 2021).

Childhood Trauma

Childhood traumas including physical, emotional, and sexual abuse, exposure to violence, and neglect are more likely to have significant adverse effects including maladapted affect regulation, dissociation, and self-defeating thoughts and behaviors (van der Kolk et al., 2005). CSA is a particularly invasive form of childhood trauma often interrupting the self-identity formation and resulting in an inability to form secure attachments (Kliethermes et al.,

2014). Feelings of shame, guilt, insignificance, a sense of undeserving, and self-loathing have been reported by adult survivors of CSA. Much higher rates, 2 to 13 times, are experienced by adult females exposed to CSA and females are twice as likely to experience non-sexual violence from an intimate partner (CDC, 2021

Complex Trauma

Cumulative and complex trauma (CT) describe results from exposure to prolonged, repeated abuse. People with CT often feel they have lost themselves (Backos, 2021). Complex, or cumulative, trauma may occur after two or more traumas (Naff, 2014). These traumas can be what Naff (2014) refers to as "little t" traumas, such as being bullied or experiencing a serious failure or loss, or "big T" traumas such as sexual abuse or a violence. A series of "little t" or "big T" traumas may result in complex trauma which is defined by the National Child Traumatic Stress Network (NCTSN) as the impact of multiple traumas over time of an "invasive, interpersonal nature" (NCTSN, 2014). The *ICD-11* (WHO, 2019) designates complex post-traumatic stress disorder (CPTSD) as a unique diagnosis, separate from PTSD. The areas of assessment to diagnose CPTSD include PTSD criteria (arousal, reexperiencing, avoidance) plus criteria regarding difficulties with self-concept, relationships, and emotional regulation.

Treating trauma is complex, treating complex trauma is even more complex but the results of treatment have been increasingly documented showing positive psychological changes (an increasing sense of personal strength, a greater appreciation for life, increased compassion for self and others, a transformation of priorities, and richer spiritual experiences by 40 to 70% of people who continue the process of PTG (Tedeschi & Calhoun, 2004). Maslow termed this growth self-actualization. The ongoing psychological stress of complex trauma is challenging, treating complex trauma begins with the desire to survive the psychological stress of the trauma.

Consequences

Research has shown clear links between childhood traumas including CSA and ongoing adverse consequences for adult trauma survivors such as: depression, anxiety, stress, dissociation, guilt, shame, self-blame, repression, eating disorders, somatic concerns, suicidal ideation and behaviors, sexual problems, and relationship issues (Stace, 2014). Living with trauma negatively impacts social and emotional well-being. Survivors often silently carry internalized shame, guilt, and anger, suffer from depression, have low self-esteem, and have distorted self-images. Self-blame and shame are common reactions to abuse and left untreated often lead to avoidant coping strategies such as addiction and risky sexual behavior. Traumatic shame is positively related to anxiety and borderline personality disorder (Minimol et al., 2020).

Trauma survivors usually have a range of symptoms which may consist of intrusive thoughts and memories and they are likely to avoid stimuli which remind them of the trauma. Memory loss dissociation, dysregulation, flashbacks, and nightmares are common (Stace, 2014). Typical negative physical health outcomes may be sexually related, such as sexually transmitted diseases (STIs), or stress related, such as heart disease and obesity. CSA is often a precursor to high-risk behaviors such as substance use disorder (SUD), suicidality, and risky sexual behaviors (CDC, 2021). Mental health outcomes often include depression and posttraumatic stress disorder (PTSD) and interrupted sense of self (Saha et al., 2011).

Shame

Silently carried internalized shame and self-blame are common reactions to trauma. Traumatic shame is a difficult emotion to manage and is positively related to anxiety. Guilt, anger, depression, low self-esteem, and disrupted self-images are common consequences

of traumatic shame (Joseph & Bance, 2010). Avoidant coping strategies such as addiction, risky sexual, and isolation are often consequences of untreated trauma. Adults often carry the internalized shame of childhood traumas and are highly confused by their extreme reactions to a current perceived threat. Knowledge of the results of recent research in the neuroanatomy of trauma is helpful for art therapists and clients in normalizing and validating the amplified feelings of helplessness and fear that are experienced by trauma survivors due to the "still active survival functions of the primitive brain" (Carolan & Hill, 2018).

Recovery

Recovery from trauma is not a steady march towards freedom from symptomology, it is an up and down, back and forth journey towards authenticity and self-actualization. The three generally recognized stages of trauma therapy (Gannt & Tinnin, 2009; Herman, 1997; Naff, 2014; van der Kolk 2014) are safety, mourning and remembrance; and reconnection (Najavits, 2014). During the first two stages, safety, mourning and remembrance, people move from victim to survivor. The experience of PTG among trauma survivors is explained as thriving versus merely surviving or returning to a pre-trauma level of functioning (Tedeschi & Calhoun, 2004). It is the third stage, reconnection, during which survivors have the opportunity to use their trauma as a catalyst for becoming thrivers (self-actualized human beings).

People who continue the process of PTG report experiencing increases in: sense of personal strength, life appreciation, rich spiritual experiences, compassion, and a change in priorities (Tedeschi & Calhoun, 2004 by 40 to 70% of people who continue the process of growth termed by Maslow as self-actualization (Tedeschi & Calhoun, 2004). The journey from the

psychological stress of trauma to the joys of a more meaningful life is challenging and begins with the desire to survive the psychological stress of the trauma. PTG is an outcome of that desire.

Common Trauma Treatments

Common trauma treatments include trauma-focused Cognitive Behavioral Therapy (TF-CBT) which has been reported to be useful for the reduction of symptomology, Prolonged Exposure therapy (PE), Cognitive Processing Therapy (CPT), Narrative therapy, bilateral stimulation, stress management skills, Eye Movement Desensitization and Reprocessing (EMDR) (Naff, 2014), visual dialogue (Spring, 2004), the art therapy trauma protocol (Talwar, 2007), Compassion-focused Visual Therapy (CVAT) (Joseph & Bance, 2020), and the ACT art therapy protocol for PTSD (Backos & Mazzeo, 2017), which have all been found to be effective in treating PTSD and CPTSD. Although evidence-based treatments such as CBT and DBT treat the pathological symptoms of PTSD, 30% of clients having been shown to be unresponsive to these treatments.

Art Therapy Trauma Focused Treatments

Art Therapy trauma focused treatments which have been shown to be highly effective in accessing trauma narratives and in the transformation of negative autobiographical concepts of self are; Trauma-focused art therapy approaches including the instinctual trauma response (ITR) (Tinnin & Gantt, 2014), the neurobiologically informed work of Linda Chapman (Backos, 2021), visual dialogue (Spring, 2004), the art therapy trauma protocol (Talwar, 2007), Compassion-focused Visual Therapy (CVAT) (Joseph & Bance, 2020), and the ACT art therapy protocol for PTSD (Backos & Mazzeo, 2017), the Check protocol (Hass-Cohen et al., 2014), and narrative art

therapy (Cobb, 2014, Erbes et al. 2014) have all been found to be effective in treating PTSD and CPTSD.

Post Traumatic Growth

Post traumatic growth (PTG) is an ongoing process often lasting throughout the lifetime Very little research has been done in the area of the ongoing process of PTG. The purpose of the current study was to contribute to the knowledge, theoretical, and application gaps in the field of PTG and provide a pilot study for incorporating narrative theory, art therapy, and PTG in adults with childhood trauma including CSA. The researcher's intention was to provide a deeper understanding of PTG through an aesthetic mixed methods research design. The research explored how the personal stories of the participant emerged and shifted and if positive changes in meaning making occurred.

Teaching someone to cope with the effects of trauma is an essential piece of trauma recovery, but most people want more than relief from suffering. Once the suffering is managed, people want to enjoy and enhance their lives, they want lives filled with meaning (Seligman, 2004). Although the fact that the trauma occurred stays present for a lifetime, the stories people live in response to those traumas can change and evolve over time. PTG allows people to use their trauma as a catalyst for self-actualization (Perel, 2018).

Theory and Approaches

Narrative

A narrative approach with a strength-based focus allows for re- authoring lived stories. Focusing on unique outcomes and strengths allows people to find new meaning in their stories.

One common intervention in narrative art therapy is altered book making in which various art materials can be used to alter an existing book. In narrative therapy this process (which parallels the ability to explore and reauthor lived narratives) has been found to provide new meaning (Cobb et al., 2010)

Trauma-focused art therapy approaches including the instinctual trauma response (Tinnin & Gantt, 2014), the neurobiologically informed work of Linda Chapman (Backos, 2021), visual dialogue (Spring, 2004), the art therapy trauma protocol (Talwar, 2007), Compassion-focused Visual Therapy (CVAT) (Joseph & Bance, 2020), and the ACT art therapy protocol for PTSD (Backos & Mazzeo, 2017), the Check protocol (Hass-Cohen et al., 2014), and narrative art therapy (Cobb, 2014, Erbes et al. 2014) have all been found to be effective in treating PTSD and CT. The researcher chose the Narrative approach using altered book making based on an empowering personal experience with a directive employing altered bookmaking to explore her own family system dynamics experiencing a profound "positive reframe" of her story during the process. A major aspect of PTG is reconstructing how one experiences 'sense of self, a construct describing how one experiences their identity, the world, their place in the world, and a sense of coherence. The use of Narrative theory in trauma treatment has been found to produce meaningful shifts in sense of self. The invasive nature of childhood sexual trauma effectively interrupts the formation of self-identity and results in an inability to form secure attachments (Kliethermes et al., 2014). Adult survivors of CSA have reported feelings of shame, guilt, insignificance, a sense of undeserving, and self-loathing. This sense of self as bad often leads to further traumas. In a small study by Saha et al. (2011), participants experienced meaningful shifts in sense of self, moving from a traumatized sense of self, a self that sought avoidance as a means of coping, felt shame and guilt, perceived themselves as insignificant and undeserving, and had

unrealistic expectations of themselves. The narrative recovery process allowed the participants to see unique outcomes and make new meanings of their CSA experiences resulting in a positive sense of self: A self that was worthy, deserving, capable, and competent. (Saha, et al., 2011). Narrative therapy has been established as a highly effective treatment for PTSD in adult trauma survivors (Erbes et al., 2014).

Art Therapy

Art therapy has been shown to be a safe, effective modality in the treatment of trauma symptoms and recontextualization of the trauma due to the highly nonverbal nature of trauma memory (Hass-Cohen et al., 2014). Art therapy is highly effective (Campbell et al., 2016), not only in accessing the trauma narrative, but in transforming the resultant negative autobiographical concept of self.

Art Therapy Definition

Defining Art Therapy has been an ongoing debate within the field of Art Therapy. The majority of practitioners fall into one of two camps; art psychotherapy or art as therapy. The art therapy group considers the creation of the art to be the most important piece of the therapeutic process, while the art psychotherapy group considers the art to assist with verbalization in psychotherapy (Kelly, 2010). There are also art therapists who wish to see an even broader definition of art therapy in which art therapists might consult with anthropological researchers, collaborate in community art projects, and participate in public health research (Spooner, 2106).

Art Therapy, according to the American Art Therapy Association, is defined as a mental health and human services profession which combines art-making, psychological theory, creative process, and human experience in a psychotherapeutic relationship to enrich lives, and support

treatment goals. Art therapists are master level therapists trained to honor cultural values, work with individuals among diverse populations seeking help for mental or physical challenges or spiritual, emotional and creative growth. (AATA, 2016). For the purposes of this research, art therapy was defined as art therapy in which the creation of the art is therapeutic in and of itself. While insights, new awareness, sparkling moments, and transformed stories may be verbalized, the most important aspect of the process is considered by the researcher to be the creation of the art.

Art therapy creates space for exploring strengths, being in flow, experiencing positive emotions, and ultimately, expression of life purpose (Wilkinson, 2013), often through the use of metaphor. Art therapy provides space for a client to develop problem solving skills and increase the ability to maintain affect-regulation which balances nervous system responses (Hass-Cohen, 2014). An empowering aspect of art therapy, labeling and narrating art, allows clients to create new meanings and be in the present moment resulting in balanced reward system functioning. Creating images of a desired future encourages states of parasympathetic calm. In this manner, art therapy allows the client to experience resiliency.

Art Therapy, Trauma, and the Check Protocol

The check art therapy protocol is a neurobiologically grounded approach providing safe space to process traumatic events and the narratives that become part of the lived experience of people with CT, and rebalance neurobiological and behavioral responses (Hass-Cohen et al., 2014). Five art directives make up the check protocol. They are designed to facilitate coherent trauma narratives, autobiographical coherence, rebalance the neurobiological systems, and promote increased levels of coping, control, and mastery (Backos, 2021, Hass-Cohen et al., 2014). The first three directives: an autobiographical timeline, depiction and discussion of the

trauma, and a desired alteration of the depiction of the trauma, are designed to place the trauma in the past, create safe space for exposure to memory, facilitate increased emotional awareness, and provide a way to experience an inner sense of control. The last two drawings of the check protocol are designed to promote resiliency and facilitate PTG (Hass-Cohen et al., 2014). The interventions are "draw your strengths" and "draw an image of what an optimistic future would look like" (Hass-Cohen et al., 2014).

Altered Book Making

Altered book making has been found to produce shifts in knowing (Cobb et al., 2010). One common intervention in narrative art therapy is altered book making in which various art materials can be used to alter an existing book. In narrative therapy this process (which parallels the ability to explore and reauthor lived narratives) has been found to provide new meaning (Cobb et al., 2010)

Research Design

Arts-based research (ABR) and art therapy both employ the use of artistic experiences including story, imagery, metaphors and symbols to make new meaning, sense of purpose, and positive transformation (Chilton 2013). Narrative theory also uses story, imagery, and metaphor to shift narratives and make new meaning. Art therapy creates space for exploration of strengths, experiencing flow, positive emotions, and expression of life purpose (Wilkinson, 2013). A nested mixed methods approach was used to gather and analyze data. Data was gathered from images and stories reflecting insights, meaning making, shifts in sense of purpose, and transformations in dominant lived stories through a qualitative Arts-based research (ABR) approach through a Narrative lens.

Measures

The Well-Being Survey (OECD, 2013), developed by the Organization for Economic Cooperation and Development (OECD)'s Better Life Initiative to collect representative and large data across several countries over time for the purpose of "understanding and improving" well-being. The project begun in 2011 has shown that subjective well-being measures can provide data which is valid and meaningful. The question modules included in the well-being survey measure subjective well-being in the domains of overall life satisfaction, affective state, life evaluation, overall (negative and positive) recent affect, eudaimonic well-being, life domains evaluation, and experienced well-being. Evidence has shown strong validity in the areas of life evaluation and affect (OECD, 2013) and a reported validity range of 0.5 to 0.7 by Kruger and Schkade (2007).

Conclusion

This chapter reviewed the current literature in trauma research including definitions of trauma, childhood trauma, and complex trauma. Reactions to trauma including intrusive thoughts, detachment, hyperarousal, lack of pleasure, and avoidance as well as subthreshold trauma reactions were also covered. This chapter also explored the consequences of trauma including shame and the recovery process including treatment modalities and stages in recovery. The following chapter will cover methodology in greater detail.

Chapter 3

Methodology

The purpose of this research was to explore arts-based interventions using the Check Protocol and Altered Book making over 8 weekly meetings with adults who had experienced CSA or other childhood traumas and were in the Post traumatic growth (PTG) stage of trauma recovery. The research questions for the current study were 1) What insights would emerge for participants as they explored the stories they wanted to shift? 2) Would participants experience positive shifts in meaning making, happiness, and sense of self? To answer these questions art was used as intervention and as a part of the mixed methods research design. A mixed methods research approach allows art and science to dance together in creating research that is especially appropriate for the field of art therapy. Arts-based research (ABR) and art therapy both employ the use of artistic experiences including story, imagery, metaphors and symbols to make new meaning, sense of purpose, and positive transformation (Chilton 2013). Narrative theory also uses story, imagery, and metaphor to shift narratives and make new meaning. Art therapy creates space for exploration of strengths, experiencing flow, positive emotions, and expression of life purpose (Wilkinson, 2013). The research explored participants' artistic and verbal responses for positive shifts in meaning making, sense of purpose, experience of flow, and positive emotions. The Well-Being Survey (OECD, 2013) was taken and pre and post-test survey responses were analyzed using difference scores.

Participant

The population of interest for this study was adults who had experienced CSA or other childhood traumas and were in the PTG stages of trauma recovery. Participants who had previously completed trauma therapy or completed at least five years and the twelve steps in a

recovery program, and had a current support system, (therapist or sponsor) in place, were considered for the study. Due to the scope of this study a large, diverse sample size across several groups of PTG recovery groups and individual samples was no possible, therefore, the researcher aimed for a sample size between six and ten adults who were over the age of twenty-one, had experienced CSA or other childhood traumas, and were in the PTG stage of trauma recovery.

Recruitment was through social media and word of mouth. A sharable flyer was created to post on my personal Facebook page and the GATSA Facebook page. Friends, acquaintances, cohorts, and colleagues were approached with invitations to apply for the study and/or post flyers by phone, email, and in person. The recruitment message contained an invitation to join a study designed to explore the enhancement of meaning making through creating art and examination of held stories for people in PTG recovery who had experienced CSA or other childhood traumas and had completed prior work in trauma processing either through therapy, group process, or twelve step recovery programs. Participants were selected by the researcher from respondents from the recruitment process who met the qualifications for the study, identifed as having experienced trauma or sexual abuse in childhood and were in the PTG phase of trauma recovery (people who had undergone previous trauma treatment or had completed the twelve steps in a recovery model. Ideally, the demographics of the sample population for the study would have been representational of the population in gender and race/ethnicity, but for this study participants were selected based on meeting the qualifications and their willingness to participate. The response size was not large enough to allow the researcher to select a more racial, ethnical, and gender diverse population.

Participant Consent Process

The study participant was informed about all aspects of the study before signing an informed consent agreement to participate in the study. Consent was given by the participant before treatment.

Location

All sessions were individual sessions held over zoom.

Confidentiality

The participant attended sessions via Zoom. All meetings were private. Initials and codes were used in place of names on all forms and data to ensure confidentiality. Forms were downloaded, completed, and returned via email. The raw data was seen only by the researcher. All artwork and the altered book remained with the participant. The data was stored in secure folders on the researcher's password protected home computer during and after the study. A coding system was put in place to safeguard the identity of the participant.

Research Design

A nested mixed methods approach was used to gather and analyze data. A qualitative Arts-based research (ABR) approach through a Narrative lens was employed to gather data from images and stories reflecting insights, meaning making, shifts in sense of purpose, and transformations in dominant lived stories.

Protocol

The protocol for this study was designed based on the researcher's experience with PTG and the efficacy of altered book making which provided profound shifts in knowing, sense of

self, meaning making, and life satisfaction. The last two directives of the Check protocol were included to expand the experience of growth and resilience. The research was to be carried out in eight individual sessions with the researcher over a period of two months; however two additional sessions were added during the altered book making process.

The Well-Being Survey (OECD, 2013), was taken by the participant before the intervention portion of the study began. During Session 1, the participant was asked whether she would like to shift a story or belief she held about herself and her life. Art and writing prompts were given to encourage nonverbal communication (see Appendix K).

The research was carried out in eight individual sessions with the researcher over a period of two months.

1. The participant was interviewed by the researcher to assess appropriateness for participation in the study.
2. The researcher and the participant discussed all aspects of the research including risks and benefits and the participant signed informed consent forms.
3. The Well-Being Survey (OECD, 2013), was taken by the participant before the treatment portion of the study began.
4. During the first session the participant was invited to consider a story (or belief) about herself, her past, her future, or the world, which was no longer serving her and which she would like to examine. Art and writing prompts were given to allow the participant to explore and express nonverbal communication with herself and the researcher (see Appendix K).
5. The participant was then given an opportunity to share whatever insights she may have gained with the researcher.

6. Directions were provided (see Appendix K) for preparing the book she had chosen to alter including tearing out pages and creating backgrounds on the pages she wished to keep. These backgrounds were used for creating mixed media artworks, journaling, and collages during the following six sessions.
7. Sessions two through five focused on creating imagery to depict the story as it was being lived to the story the participant would prefer to live. The participant was given the opportunity to experience a transformation of sense of self as she altered the book and created images depicting new meanings, personal strengths, and unique outcomes.
8. Sessions six and seven replicated the last two directives of the Check protocol which were designed to promote resiliency. The directives were also created in the altered book. The prompts for the drawings were to "draw your strengths" and to "draw an image of what an optimistic future would look like."
9. The participant was asked to label these two drawings and time was offered to discuss elements and insights. A choice of art media was located near the participant's artmaking area, so that the participant chose her art materials then brought them to her art making space. This movement towards and away from the art materials encouraged a sense of control which could help reduce freeze responses.
10. Session eight was a closure session including on opportunity to ask questions and share insights, a gratitude ceremony, and the participant re-took the Well-Being survey. The participant was then given an opportunity to share whatever insights she may have gained with the researcher.

Measurements/ Assessments & Interventions

The Well-Being survey was taken and used to measure happiness and meaning. Pre and post-test survey responses were analyzed using difference scores. The results were e-mailed to the researcher and kept on the researcher's password protected home computer.

Altered book making was used as the primary form of media. The participant was asked to consider a story (or belief) about herself, her past, her future, or the world which was no longer serving her and which she would like to examine. Art and writing prompts were given to allow the participant to explore and express nonverbal communication with herself and the researcher. The participant was then given an opportunity to share whatever insights she may have gained with the researcher. Directions were provided for preparing the book she had chosen to alter including tearing out pages and creating backgrounds on the pages she wished to keep. These backgrounds were used for creating mixed media artworks, journaling, and collages during the following six sessions. Sessions two through five focused on creating imagery to depict the story as it was to the story she would prefer to live. The participant was given the opportunity to experience a transformation of sense of self as she altered the book and created images depicting new meanings, personal strengths, and unique outcomes. Directives four, "draw your strengths, and five, "draw an image of what an optimistic future would look like" of the Check protocol which were designed to promote resiliency were also incorporated into the altered book.

Materials

The participant was provided the choice to acquire her own mixed media collage materials or have materials provided by the researcher.

1. Book to alter
2. Images from magazines or other print sources
3. Paints, colored pencils, colored pens
4. Scissors, glue, and mod podge
5. Miscellaneous ephemera
6. Art journal
7. Optional materials, corner cutter, colored inks, stamp pads, hole punch, parchment paper, ribbon or yarn

Data Collection

Quantitative data was gathered through pre and posttest results from the Well-Being Survey. Qualitative data was derived from the participants art work and stories for insights, shifts in meaning making, shifts in sense of purpose, and transformations in dominant lived stories

Data Analysis

Quantitative data on test outcomes were analyzed for evidence of change in individual pre and posttest scores. A difference score (value of the post test score minus the value of the pretest score) was calculated for overall scores and each of the scale areas. Qualitative data was derived from exploring the participants art work and stories for shifts in meaning making, shifts in sense of purpose, transformations in dominant lived stories, and new insights.

Risks and Benefits

The current research was not expected to cause the participant discomfort, frustration, or risk to privacy and should not result in boredom. There were no inherent risks to the participant at this time. Potential risks to participants were minimized by reiterating to the participant that

confidentiality and safety would be assured throughout the 8-week process. Forms and survey results were kept in a secure location on the researcher's home computer with a protected password, and no names were or will be disclosed.

Possible benefits for participants included: positive shifts in meaning making, happiness, and sense of self, finding new meaning in their trauma stories, a greater appreciation for life, a growing sense of personal strength, richer spiritual experiences, increased compassion for self and others, and a transformation of priorities

Protection of Human Participants

All meetings were private. Initials and codes were used in place of names on all forms and data to ensure confidentiality. Forms were downloaded, completed, and returned via email. The raw data was seen only by the researcher. All artwork and the altered book remained with the participant. The data was stored in secure folders on the researcher's password protected home computer during and after the study. A coding system was put in place to safeguard the identity of the participant. The researcher followed the ethical guidelines of the California Association of Marriage and Family Therapists and/ or the California Association for Licensed Professional Clinical Counselors, the American Art Therapy Association, and Dominican University of California.

Chapter 4

Results

This chapter includes the findings of this study. This study was designed to develop a new protocol combining two arts-based interventions: the Check Protocol and Altered Book, with adults in the Post traumatic growth (PTG) stage of trauma recovery who had experienced childhood sexual abuse (CSA) or other childhood traumas.

Restatement of Research Question

The research questions for the current study were: 1) What insights would emerge for participants as they explored the stories they wanted to shift? 2) Would participants experience positive shifts in meaning making, happiness, and sense of self?

Case Example

Participant Background:

Susan (not her real name), is a 60-year-old upper middle class white female with a graduate degree. She has been married to the same person for several decades and they have 3 adult children. She reported having a loving, supportive family life and would like to continue her growth from complex trauma for the sake of herself and her family. Susan's complex trauma/shame was reported as a result of several events, beginning at birth with the shame and trauma of rejection for having been born a girl, followed by a series of unsafe events such as a perceived kidnapping, in which her fears were either ignored or mocked by her parents. As a result of these experiences, Susan expressed feeling frightened, ashamed, and abandoned. Susan's reported method of coping as a child was to please her parents by achieving academic excellence and later using various methods to numb. Although she has undergone previous

intensive therapy for the series of trauma events she has experienced in her life and reports experiencing some relief from the trauma, she is still unable to go for a walk in her hometown with her family as she has associated the town with the last trauma event. Skills?

Session 1 (Interview)

The goals for the first session were to further assess Susan's appropriateness for the study, to discuss the entire protocol for the study so that she could make an informed decision regarding her willingness to participate in the intervention process, and to invite her to explore the aspects of her story she might want to shift. Susan reported having 10-12 years of therapy in addition to attending an intensive 7 month trauma-exposure outpatient program for post-traumatic stress disorder (PTSD), a strong support group (her family), and a desire to continue the process of spiritual and emotional growth, which qualified her for the study. Susan's only questions about the study were regarding confidentiality. The researcher assured her that her identity would be known only by herself and that all data would be kept secure as described in the informed consent document (appendix D).

After an agreement was made to continue the process, Susan was welcomed to the study and invited to look at any part of her story she might like to shift. She immediately reported wanting to feel safe to walk in her hometown with her family without fear. Although it was not necessary for this study, it felt important to Susan to share the traumatic events she had experienced leading up to her current state of fear. As the researcher listened to Susan's trauma stories, what stood out even more than fear was shame. Abandonment and betrayal were present as well as the fear, but the researcher sensed they were all bound with shame. The researcher reported noticing the theme of shame running throughout the stories of the events. Susan was surprised at the feedback. She stated being aware that she had shame around the most recent

traumatic event but had never linked shame with the previous events, which Susan found interesting because the first trauma/shame event she experienced was gender shame from birth. Her father wanted a boy and was extremely disappointed and carried shame (a false belief that he was not man enough to produce a boy) about Susan being born a girl.

The researcher suggested that Susan find a book to alter which might relate to the theme of the story she wished to explore. For instance, the researcher chose to use a book on lace making when she was exploring the weaknesses/strengths of the women in her family. The book was symbolic to her because most of the women in her family knitted or crocheted and her grandmother tatted (made lace).

Session 2

The goal for session two was to allow Susan to discuss the work she had done the previous week. She presented as excited, as evidenced by her talkativeness, and hopeful. The researcher was astonished regarding the amount of work Susan had completed. Susan had taken the directions for picking a book which might relate to the theme of the story she chose to explore very literally and chose *Healing the Shame that Binds You* by John Bradshaw (1988). She reported having thought about shame all week and shared how she had only worked on the fear aspect in her PTSD work. After realizing that shame had started at a young age, prior to the incident she had thought of as the first trauma, which occurred at age 10 when a man appeared in her window while she was going to sleep.

Although Susan had a previously read copy, she chose to purchase a new hardback copy and read the entire book again prior to beginning the alteration process. After cutting out a center section which held no meaning for her, she was left with approximately 20 pages. On those pages, Susan highlighted the sentences and words she wanted to use in “blocks”. She expressed

amazement at what came up as she was going through the process of preparing the book. She seemed apologetic for the use of words rather than art, so the researcher informed Susan about the art of found poetry (see fig1).

The researcher explained to her that some people use altered books as found poetry, and she expressed excitement because of her previous use of needlepoint poetry. The researcher mentioned that she could incorporate antique linen into the book if she wanted. She was excited about the thought. She stated she wanted to sit with the words and "see what's next." She expressed faith in the creative process, reporting that she had used her own poetry stitched into antique linen to process her emotions in the past. She also reported it had been helpful to her in prior processing to think of the events as beads on a string and expressed the desire to move some to the side. She also stated wanting to create a fortress around her neighborhood and town. The researcher, concerned about the similarity between a fortress and walls, wondered if Susan might want to use a more flexible boundary such as a force field that she could also carry with her (at some point in the future).

Towards the end of the session, Susan expressed the thought that she "should have" connected the shame piece before. The researcher answered that perhaps working on the fear aspect was appropriate for her process, and now may have been the time for working on the shame aspect. Susan responded "yes, I guess I should congratulate myself for the work I have done". Time was then taken to celebrate and honor the deep work she had done in the past week which ended the session on a positive note.

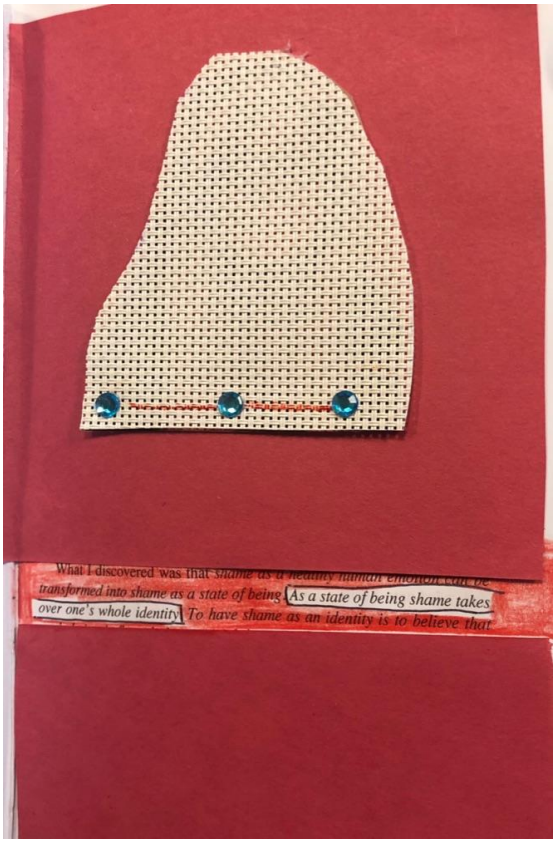


Figure 1 Page from altered book on shame

Session 3

The goal for session three was to allow Susan to discuss the work she had done the previous week. Susan once again presented as excited, hopeful, and eager to share the progress she had made with the altered book making process. The researcher was amazed with the amount of work Susan had done in processing the events contributing to her internalized feeling of shame using her own and found poetry and imagery. She expressed excitement over finding images that were consistent with the traumatic event periods and eager to take this researcher through the process in chronological order. While processing the shame of the known traumatic events, Susan became aware of the shame she had carried since birth. Although she had often verbally expressed the disappointment her father felt at her being born a girl, this was the first time she recognized the role (gender) shame she had been carrying since birth (see fig. 1).

The following event was regarding the abandonment and fear she felt when her parents did not understand her panic when she saw the silhouette of the man in the window. Rather than comforting her, her father made her go outside with him to check the yard, then sent her back to bed alone. Her mother never woke up. She felt abandoned and shamed again later when she felt petrified that a serial rapist/murderer operating in their neighborhood whose modus operendi was to enter through a window would enter their house (see fig. 2). Not until she "became hysterical" did her parents agree to take safety measures for her sense of well-being. (See fig. 3). Susan expressed surprise over the amount of shame she had been carrying without realizing it, and stated it was a relief to have this new awareness. Susan then detailed her portrayals of what she called her "crash and burn" events.

The first event occurred after medical school when she felt overwhelmed and helpless regarding the number of HIV deaths occurring on the ward where she was doing her internship. She recalled feeling "like dust in the wind", and sensing she had 2 weeks to get help before she seriously considered suicide. Encouraged by her husband, she took time off to get help and eventually gave up practicing medicine. She recounted an incident that occurred during this time while visiting the DeYoung Museum to see a textile exhibit in which she encountered a group of Amish quilters who invited her to join their sewing circle. She surprised herself by showing up for several weeks to sit in community with the women. She stated what she received was a sense of "knowing I wasn't alone". One of the women recommended the book *Plain and Simple* by Sue Bender (1989), which also gave Susan comfort.

Although she was able to sublimate her need to overachieve in other areas of her life, becoming a caregiver in the community, she now realized she was still carrying the shame of not having succeeded at medicine. The second "crash and burn" experience she portrayed was being

ostracized by her close circle of female friends. Susan shared that she had helped her best friend seek psychological help, which resulted in the rest of the group blaming Susan for the disruption in their social circle. Susan had previously linked the fear she carried around the traumatic circumstances of the event, but had not realized she was carrying shame. The fear of being shamed resulted in Susan not wanting to be out in public with her family in her home town; however, Susan had not previously realized she was afraid of being shamed in front of her family, she had associated all of her fear with the fear of another traumatic event occurring.

Although Susan was relieved to realized shame was what she feared, she reported feeling like she was still stuck in the shame of that event. She then described her responses to shame: perfectionism, being the best, and numbing, which she linked with being even-keeled. (See fig. 2).

The session ended with Susan telling this researcher she felt her next step was to "give the shame back" to the sources. The researcher suggested she might also want to reflect on the strengths she had exhibited throughout those events. Susan then expressed gratitude for the strengths that had carried her through, saying **"**I was stuck and this has moved me forward again. It's hard looking at the past, but also freeing. Using art gets it outside of me in a way that writing doesn't."

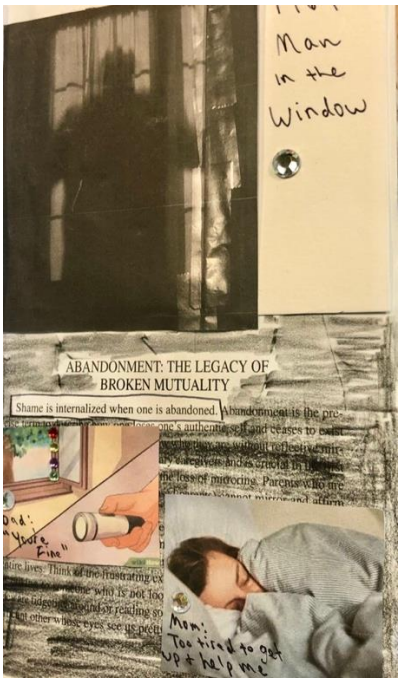


Figure 2 Page from altered book depicting traumatic event

Session 4

The goal for session four was to allow Susan to discuss the work she had done the previous week. Susan continued to amaze the researcher with her willingness to engage in the process of recovery. She had decided she didn't feel ready to move on to "what's now", the next chapter of the book she was altering, until she was able to shift the lens through which she viewed the past events to one of gratitude for the strengths she carried within. Her solution to shift the emotional impact of the events symbolically was to place vellum over the trauma/shame event imagery which she stated created distance between herself and the events. She then began writing gratitude lists for what had also taken place, choosing to write quickly with no editing. Many of the items on her lists were external, such as "he didn't come in the house" while others were gratitude for personal qualities of strength.

Table 1 Session 4 Shifts

Old	New
Changed I am a mistake (gender)	I was seen, told girls can do anything (I) Saw myself as capable and smart (even though she was taking on the role to be seen by her father)
RE: Man in Window	
I was helpless and abandoned	The man left (I) Stayed conscious (I) Asked for help (I was) Brave – sat up in defiance – you will not get me (I) Did not play dead
RE: golden state killer	
I was unheard	(I) Stood up for my needs (to feel safe) and got them met with locks, dog, etc (I) Felt brave every night just going to bed
RE: University	
I felt unsafe	(I) Insisted on safety measures at home and school Family is safer bc of what I know about safety Killer was caught and after 40 years (I) finally feel safe
RE: learned coping mechanisms	
A. Perfectionism	Gave me skill set (ie. strategic, organized) Knowing “I will solve this”

Old	New
	No longer have to be perfect, grateful for skill sets
B. Numbing out	Can feel in real time now and use when needed
C. False self	Grateful for because it "saved me" Grateful I don't need it any more Grateful for husband who believed in her ability to get help and work through it which she did
D. Dad's star	Seen and valued Knowing that I can reach dreams/goals Dad no longer an influence
RE: 1990 Role crash I failed professionally	(My) husband stayed (I) Asked for help Angels appeared and I went towards them (Amish quilting ladies at museum) Quit using people (patients and later children) to feel I mattered Did not turn to other addictions to cope Knew I had to sit in "Phase of Nothing" Faith I would get through it Became human being vs human doing Got to share story with others so they would not feel alone (also helped her feel less alone)
RE: 2007	

Old	New
Fallout from Using community as a way to matter	
What she did wrong	What she did well
Got involved in dangerous situation	Put what was right over approval Began establishing boundaries and steering clear of messy situations Later used with another friend Learned difference between caseload and friendship

Susan added an additional event to her depictions of shame. An event involving a dance party at her childhood best friend's house, to which she had not been invited, yet Susan's mother asked the friend's mother to babysit her and her sister during the time of the party. Susan felt humiliated, yet she remained respectful and loyal to her friend who had seemingly betrayed her. She expressed gratitude for learning the importance of inclusion and compassion, and pride for having passed on those values to her children. (See fig. 3 and 4)

The session ended with Susan expressing gratitude for having created distance between herself and the emotional impact of the events

Figure 3 Page from altered book on being born a girl

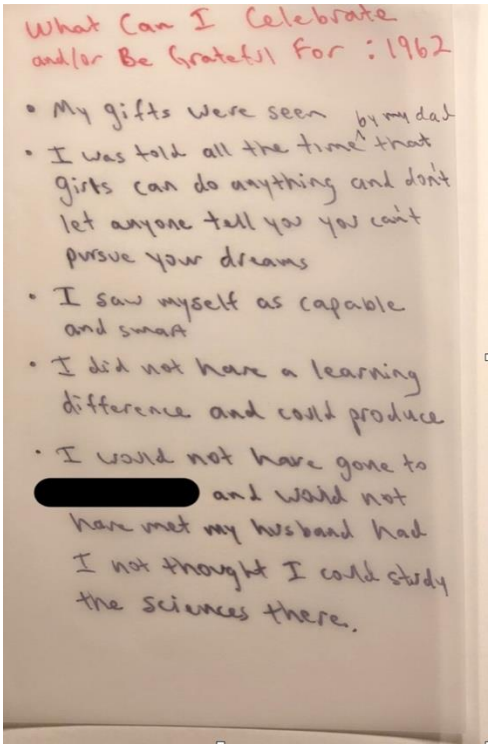


Figure 4 Page from altered book, gratitude list on vellum

Session 5

The goal for session five was to allow Susan to discuss the work she had done the previous week. Being the researcher she is, Susan found a current "expert in shame treatment" who had a modality that she thought would work for her. She downloaded the audiobook and proceeded to use the steps provided to re-frame the major trauma/shame events in her life. Susan reported relief in learning that there was a neurobiological explanation for staying "stuck" in shame and depression. This knowledge gave her a sense that it wasn't her fault, she wasn't faulty, the reactions she had were natural results of the neurological responses to the trauma, shame, and abandonment she had experienced. The relief was visible in her demeanor, as evidenced by a deep breath and dropping of her shoulders.

As she was showing this researcher the new pages in her altered book, Susan repeatedly said it was such a relief to know "it's not you, it's not your fault, it just is". Susan began the process of externalizing the shame of the events by writing parody lyrics to the song *Fame,* changing the name to *Shame.* One of the lyrics she wrote was "shame, it wants to take over your life" (see fig. 5). Feelings of hope were her takeaway from the process. While telling the researcher about the interventions she had taken to re-frame her response to the shame, the gestures Susan made mimicked the distance she had created between herself and the shame. Susan's body language and clear, present affect were indicative that the "cloud of confusion" she stated had been lifted from her psyche.

Susan then told the researcher that she was interested in using several of the interventions from the protocol in the audiobook including: the "kind voice countershame", remembering a good memory with the person who had shamed her, orienting to the present; the admired person meditation (a person unknown to you who has undergone a similar situation whispers wisdom in

your ear); a spiritual helper (Kuan Yin); healing symbols (the Black Madonna); considering who the shame actually belongs to, and creating metaphors to move the shame outside of self (origami cranes and tearing up paper notes) (see fig. 6). She stated the goal of the directives was to "heal the interpersonal bridge". At this point in the session the researcher wondered if Susan was using this new method of examining shame more as a means of staying invested in the story of the shame versus a way to move through the shame and reframe the story. Susan then told the researcher she was talking with her son about her reticence to begin the process of "giving back the shame" to her father. Her son wisely wondered if she might not want to separate herself from the shame of her father because it was "all she had left of him" (she no longer sees him because" he is toxic"). Susan was then able to create a solution to separate herself from the shame of her parents by making a list of ways in which her parents carried shame and a list of things for which she felt gratitude regarding her childhood relationship with her parents. Creating these two lists allowed Susan to see that she had been carrying her own as well as her parent's shame. The realization that both lists were the equal in length gave Susan a lens through which to reframe her story. Her experience shifted from "being shameful" to "it's about them (her parents)". Susan's shoulders lowered and her affect softened as she told the researcher "No wonder I felt that way" and stated she was gaining clarity (knowing she was not faulty) and feeling empowered to move through the process of returning the shame to her parents. Susan expressed the desire to repeat this exercise with the other events/people in which she had encountered shame. The researcher agreed to increase the research timeline by one week to allow Susan to repeat the process of separating herself from the shame in each of the remaining scenarios depicted in her altered book.

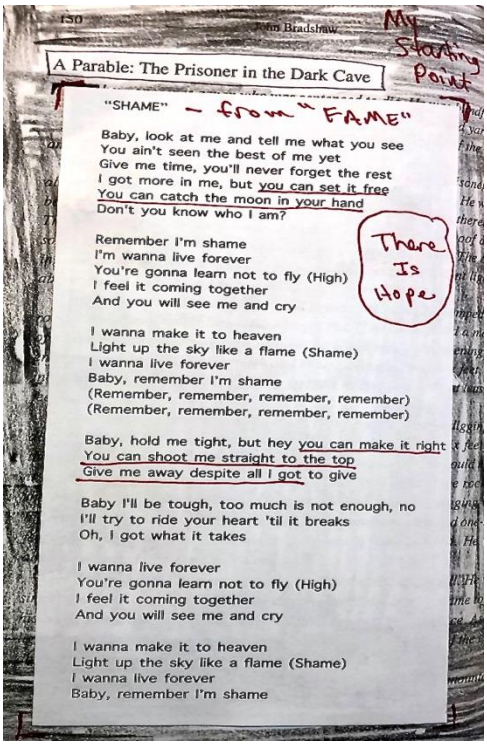


Figure 5 Page from altered book, altered song on shame

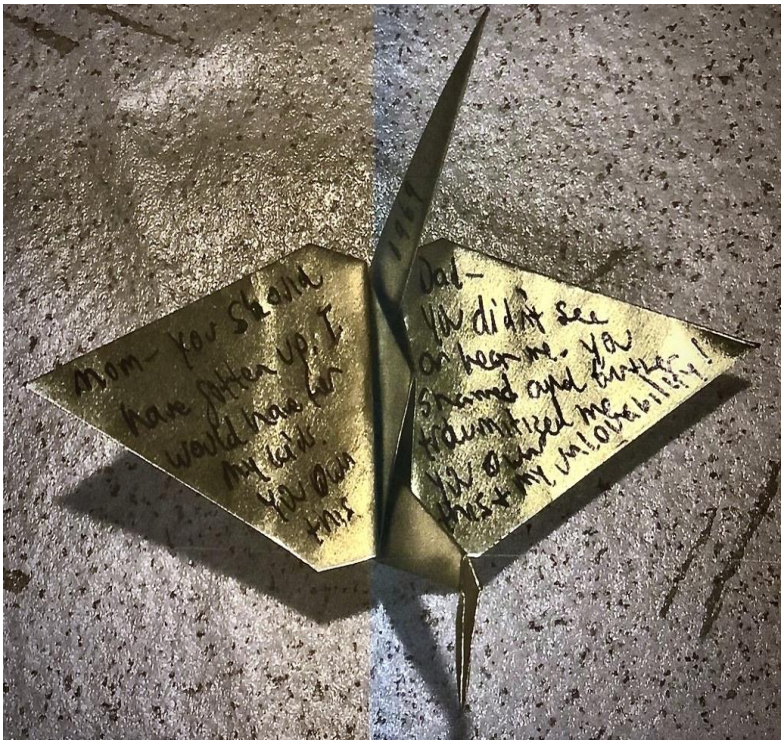


Figure 6 Page from altered book, origami crane (returning shame)

Session 6

The goal for session six was to allow Susan to discuss the work she had done the previous week. Susan was excited at the beginning of the session reporting having finished the process with the remaining events in her altered book. For each event she verbally repeated to herself "it's no wonder you felt and reacted that way" to separate from the shame of each of the stories.

The researcher asked Susan how she felt about the work she had done up to that point. Susan stated "understanding shame is linked (to the most recent traumatic event which occurred in the town she was still living in) takes the sting out of this town for me." She reported the discernment was "huge" for her, that the fear and shame of the events no longer felt present, and that a sense of compassion for herself had replaced feeling of being overwhelmed. She said she was wondering what was next for her and had thought about using her altered book to continue her growth process, keep a journal, and walk in town. She reported being excited about exploring a new life scenario but did not yet know what that might look like. However, she expressed that she did know she wanted to continue her "spiritual walk" which she began in 1990 following her first "crash". The session ended on a positive note with Susan expressing her gratitude for the "spiritual awakenings", and the strong connection she felt with the "feminine face of spirituality" (see fig. 7) which she stated she discovered in 2003 after her second "crash".

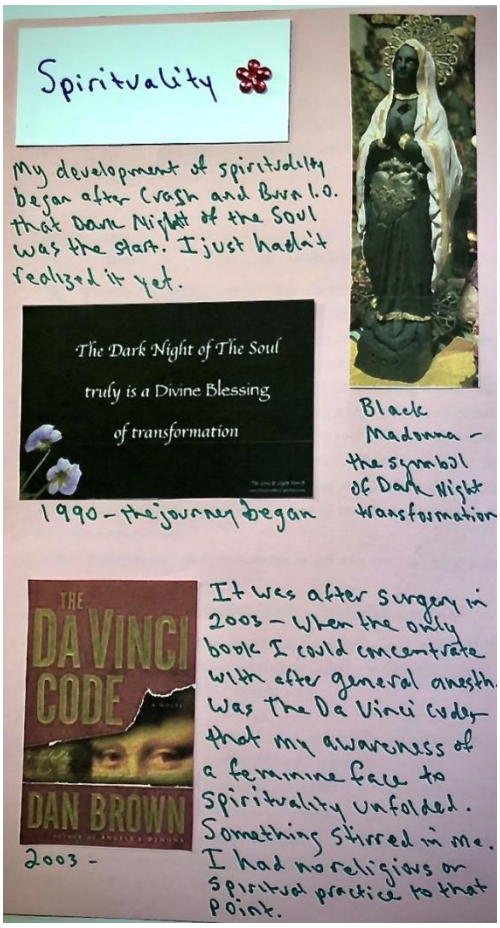


Figure 7 Page from altered book on spirituality in recovery

Session 7

The goal for session seven was to complete directive four of the Check protocol "draw your strengths". After a brief check in, the researcher requested that Susan move her art materials to a place she would have to get up and walk over to get them. The researcher then read highlights from previous sessions mirroring Susan's strengths (perseverance, kindness, compassion, empathy, intelligence, bravery, courage, willingness to go through her process, ability to advocate for herself and others, integrity, ability to stay present, spirituality, ability to find a silver lining, creativity, turning towards her partner, vulnerability, and courage) back to

her. Susan added “the ability to sit with the unknown” and stated that whatever happened she knew she would be alright because she could now find the light inside herself.

The researcher then invited Susan to complete directive 4 of the check protocol “draw your strengths”. Susan was quiet as she began drawing. After the researcher asked Susan if she could move her camera so the researcher could observe the artwork, Susan became talkative as she drew, explaining that the dark patch in the bottom right corner was the trauma, the suitcase in the middle contained the “golden nuggets” she had to pull out of the trauma and were now a part of her (both yellow), and described the depiction of herself as an Amish doll. Around the doll Susan drew lines and symbols to “show the strengths she had incorporated”. She drew a heart “symbolizing compassion, empathy, and love”, a list and pencil symbolizing strategic thinking and tenacity, a black Madonna symbolizing spirituality, a ladder and wall symbolizing persistence, resiliency, and solution, an eye symbolizing intuition and the ability to see “what is", and a “warm, cozy blanket” around the question marks symbolizing the ability to sit with “the unknown”. Susan then stated she considered “the ability to sit with the unknown” to be her greatest strength. When Susan reached a stopping point with the drawing, the researcher asked her if she would like to add anything to the drawing. Susan chose to add facial features, hair and a necklace, to the doll. The researcher found it of interest that Susan did not add hands to the doll, although she described the doll as having “open hands”. When invited to name the picture, Susan chose *Gratefulness for the Great Save,* proclaiming “that was good (meaning the process)” with a lilt in her voice and on her face.

After completing the directive, the researcher asked Susan what she had experienced during the process of “giving shame back”. Susan said she would like to continue to do it over a period of time, stating that it would take time because the trauma and shame had been such a

large part of her identity. The researcher suggested she might want to spend an equal amount of time experiencing her joys and strengths as she did in considering the trauma and shame-inducing events of the past in order to create space to become more fully herself. Susan expressed finding comfort in knowing "there is always a resolution" even though it may not be what she had hoped for, and that she finds it difficult to "let go" but she can "let it be" which allows her to feel like she can "let go of the need to be in control".

Figure 8 Drawing for directive four of the Check Protocol

Session 8

The purpose of session 8 was to complete directive five of the Check protocol. The session began with a check in during which Susan expressed gratitude for a "heavy darkness" having been lifted and feeling more "settled". The researcher then gave Susan the directive instruction to "draw an image of what an optimistic future would look like." After adjusting her computer so the researcher could see her paper, Susan began explaining the images she intended to draw as she chose several colored pencils. The first image Susan drew was herself (another Amish doll) in the center of the page, followed by a large tree on the right to signify that she was

outside and in relationship with nature. She then drew her house on the left, explaining she was "next to the tree" rather than looking out at the tree from inside her house and "most importantly I am outside of the house". She then drew a path stating she didn't know where it went, but probably towards some opportunities to engage in activities, which she later stated were possibly classes in art, ceramics, and bridge. She added sunshine to represent "positive energy", greenery to the trees, a tennis shoe on the path to represent her desire to "walk with friends and family", a clock to symbolize some kind of volunteer work, and finally a circle of faces representing what was probably her "deepest" desire; a social circle of women engaging in "authentic conversation" and possibly a common spirituality or interest. She then paused to look at her picture and decided to add details (green eyes looking straight forward "not darting around", clothing she felt comfortable in, "capris", "black tennis shoes", and a necklace symbolizing "integration and wholeness") to the image of herself explaining she wanted to portray that she was no longer wearing the "black veil" of shame or the "stark nakedness" of vulnerability, saying "I don't feel that heaviness now." She then deepened the color of the grass to depict feeling "grounded".

Susan then paused to explain she had realized during the past week that the shame she felt during the 2007 event (friend's attempted suicide) was in response to trauma images she encountered during the event. She had realized she felt no shame over her actions during the first 36 hours of the event, it was only afterwards when the imagery merged with the old shame imagery that she began to make decisions based on trying to avoid more shame about making "mistakes" in trying to help herself and her social circle come to terms with their friend's attempted suicide. She expressed having a feeling of relief from shame though engaging in this

process which has allowed her to put the events outside of herself and bring recognition and acceptance that her responses were a result of the shame she was carrying.

The researcher then asked Susan to take another look at her drawing from a different vantage point and notice her response to the drawing. Standing up and a few feet away from her drawing, Susan thoughtfully and in a quiet voice said “sadness, a sadness for the lost opportunities of the last 15 years”. She then shifted her body to a taller, wider stance, and with a happy, confident affect exclaimed “and hope”. She stated the biggest shifts she had experienced during the process were the awareness of the shame she had been carrying and the ability to have gratitude for the strengths that had carried her through.

The researcher asked Susan if there was anything she would like to change in the drawing. Susan added details to the house (yellow and blue curtains, a red chair, a blue couch, a front door to exit through, steps, and color) stating she wanted to honor the house for what it had meant to her, and expressed but “now I am outside”. Susan named her drawing *Hope* and expressed her gratitude to the researcher for the opportunity to participate in the protocol and the awareness, “illumination, and “relief” she had experienced. The researcher acknowledged Susan for the immense amount of work she had done throughout the last several weeks ending the session on a positive note.

Figure 9 Drawing for directive five of the Check Protocol

Session 9

The purpose of Session 9 was to provide space for Susan and the researcher to gain further awareness of the outcomes of the PTG protocol through discussion, questioning, and celebration. The researcher began the session with a general check in, then invited Susan to consider what may or may not be different for her since the beginning of the process. Susan stated she felt hopeful, and stated “it’s been a fascinating process”. She expressed that she now realized that she had been responding to each subsequent event from the felt sense of shame she had experienced and carried from previous events. She reported having a new perspective in knowing the shame events were linked which gave her a “huge” sense of relief and compassion for herself and her stories. Sher eported feeling like a huge dark cloud had been lifted, she felt she still had work to do but that she could now see the way out rather than “staying complacent in a hole”. She now had distance between the stories and herself and knew that her actions had

not been because she was flawed. She said she had been holding on to a “seriously heavy cloud of hiding” as a result of feeling shamed by her social circle regarding her part in getting her friend to treatment after the friend’s suicide attempt. She shared that the shame map she had created allowed her to see the connections and contributions to her reactions following the event. The visualization allowed her to shift her story about herself from “It’s all my fault, I own all of it” to the realization that there were many “parts” that weren’t hers. The previous belief about herself that she was an “outlier” had shifted to being “typical”. The statements about herself which emerged regarding the map she had drawn were: “I don’t own the shame, I can walk away, I do have boundaries, and I don’t have to be alone.”

The researcher then asked Susan if she felt like any core beliefs about herself had shifted from the beginning of the process until the present time. Susan replied that she now felt as if she had “almost been a player” in other people’s shame stories instead of feeling like all of the shame was hers and that she was “culpable for all of it”. She also reported a new felt sense of self as resilient, solid, having more capacity for joy, and feeling more optimistic. She finished by saying she now felt she had a place in the world and she could be part of it. “I see possibility.”

The researcher asked Susan if she had any more questions or comments regarding the study, to which Susan replied she was excited to see the results of the study and thought a “group (based on the protocol) would be great”. The researcher then asked Susan if she wanted referrals for individual therapists to which Susan replied “if I still haven’t walked outside in six months I might”. The session concluded with sincere congratulations and gratitude from both the researcher to Susan and Susan to the researcher.

Qualitative Findings

Themes that emerged for Susan from the altered book making were: a new sense of gratitude, new appreciation for the personal strengths which had carried her through life, realization that help was available, realization that events happened to her not because of her, realization that the shame of the events did not belong to her and that she was not responsible for other people's actions.

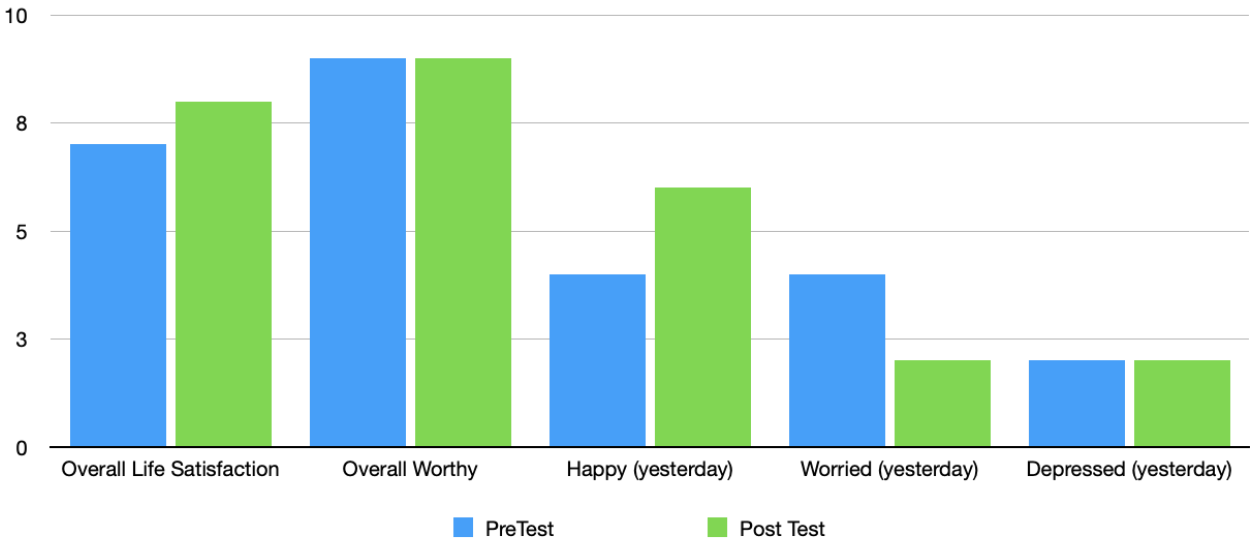
Themes that emerged from art directive four of the check protocol were: relief, sense of self as compassionate towards self and others, experience of owning strengths (resilience, persistence, spirituality, joy "despite all", ability to sit with the unknown, and intuition. It was interesting to note that Susan said the dolls hands were "open"; however, there appear to be no hands on the doll. Themes that emerged from art directive five of the check protocol were: separation from shame as depicted by placing herself outside of the house, hope as depicted by the path leading to possibilities for community participation, and gratitude for separation from shame as depicted by being outside of her house and in relationship with nature.

Experience of participation

Susan reported feeling grateful for the realization that there was shame linked to the past traumatic events and the opportunity to process the shame, saying she now had a new perspective and compassion for her story and felt "hopeful" and "relieved" that she did not have to remain "complacent in my hole" because she now had distance between herself and the "stories". She expressed "I was holding on to a seriously heavy cloud of hiding", thinking it was all her fault and that her character was "flawed". She reported having a new sense of self as resilient, solid, holding joy, and optimistic. She felt that she now had a "place in the world" and that she could "be a part of it", stating "I see possibility".

Quantitative Findings

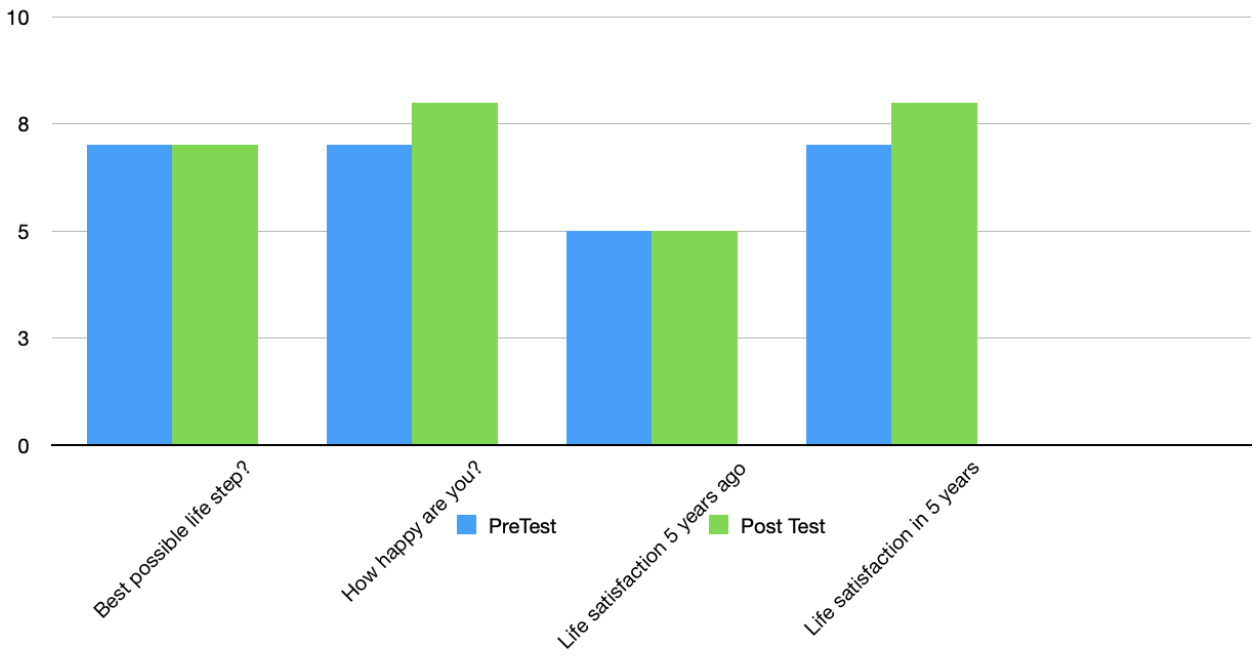
Susan's pre- and post-test difference results on the Well Being Scales supported the qualitative findings, indicating improvements in several areas. In response to the set of questions designed to measure the previous day's affective state, Susan's responses indicated a 10% gain in overall life satisfaction (A1), a 20% gain in "happiness" (A3), and a 20% decrease in "worried" feelings (A4), (see fig. 10).



	PreTest	Post Test		
Overall Life Satisfaction	7	8		
Overall Worthy	9	9		
Happy (yesterday)	4	6		
Worried (yesterday)	4	2		
Depressed (yesterday)	2	2		

Figure 10 Susan's pre- and post-test difference results on the Well Being Scales

Differences in responses to questions in Section B, (life evaluation questions), were a 14% gain in overall happiness, a 14% gain in expected happiness in 5 years, and a 14% gain in perception of having "gotten the important things in life" (see fig 11).



	PreTest	Post Test		
Best possible life step?	7	7		
How happy are you?	7	8		
Life satisfaction 5 years ago	5	5		
Life satisfaction in 5 years	7	8		

Figure 11Differences in responses to questions in Section B,

A composite measure of Section C (affect questions), indicated a 10% gain in positive affect and a 30% decrease in negative affect (see fig. 12).

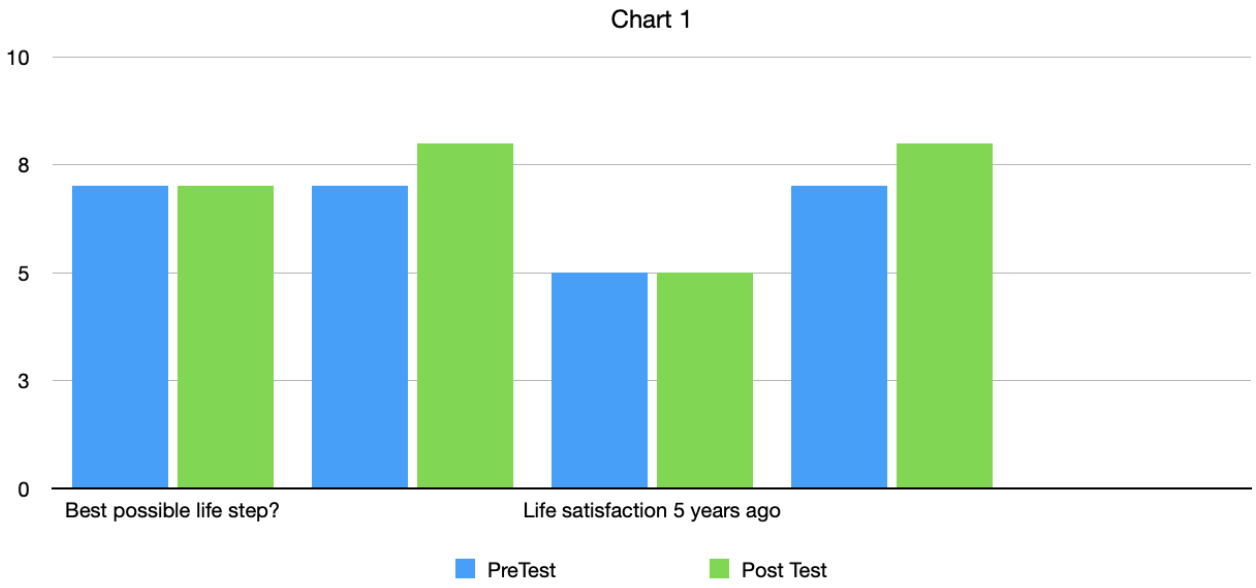


Table 1

	PreTest	Post Test		
Best possible life step?	7	7		
How happy are you?	7	8		
Life satisfaction 5 years ago	5	5		
Life satisfaction in 5 years	7	8		

Figure 12A composite measure of Section C (affect questions)

Differences in responses to Section D (eudaimonic questions) indicated a 10% gain in the belief "what I do in life is worthwhile", a 10% gain in how long it takes to "get back to normal" when "things go wrong", and a 40% loss in feeling a lot of energy in the past week (see fig. 13).

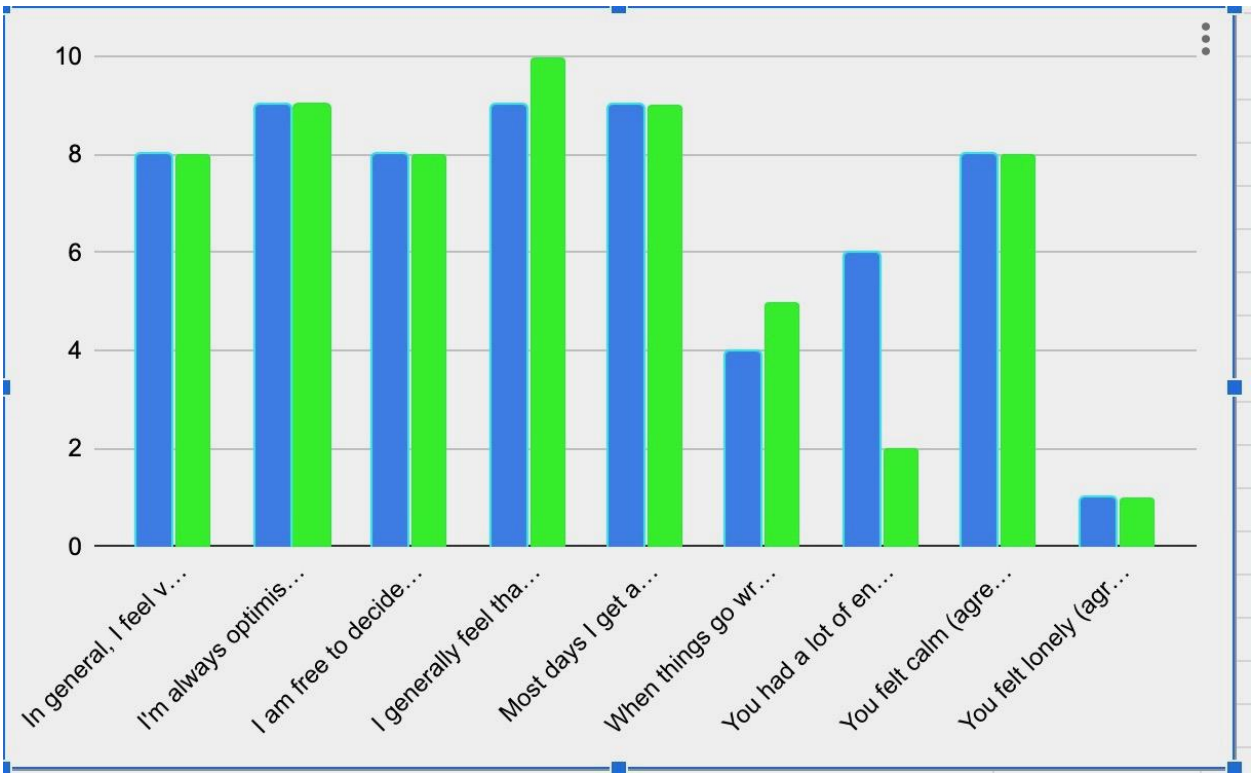


Figure 13.Differences in Susan's responses to Section D (eudaimonic questions)

Results for Section E (domain evaluation questions) yielded a 10% gain in satisfaction with personal relationships, a 10% decrease in satisfaction with feeling part of her community, and a 10% gain in job satisfaction (see fig. 14).

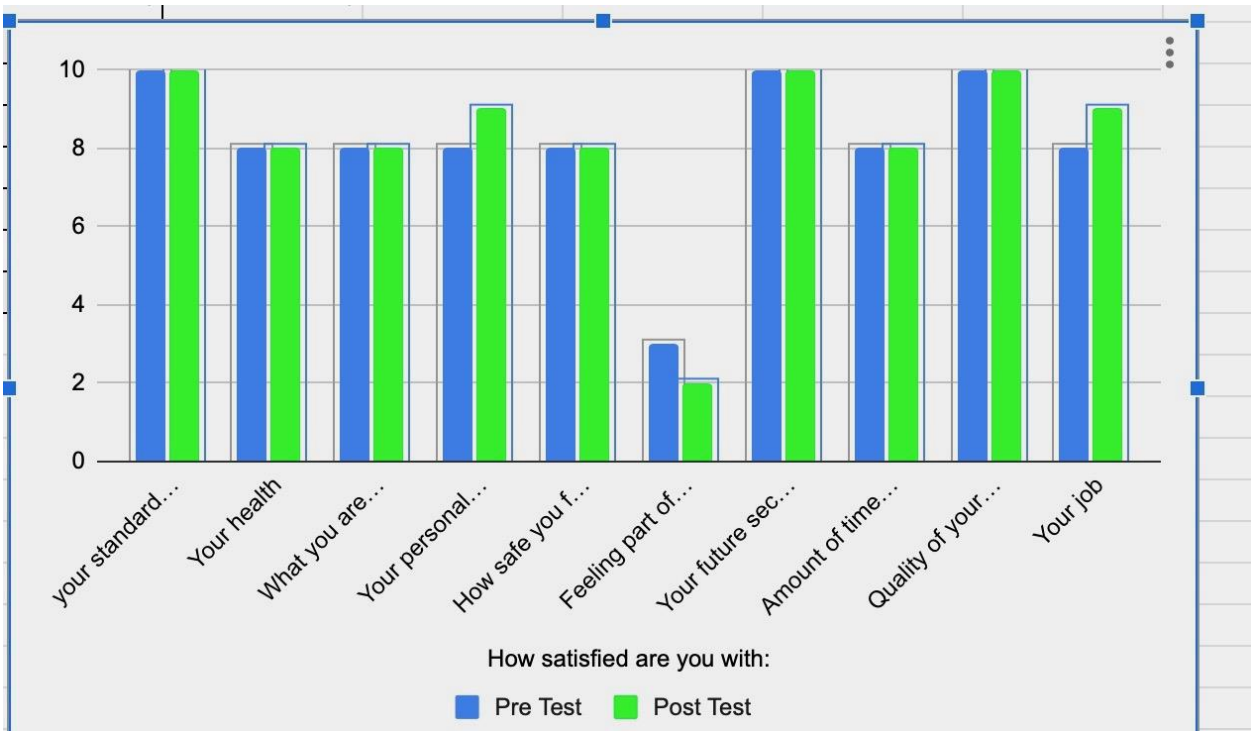


Figure 14. Results for Section E (domain evaluation questions)

Chapter 5

Discussion

In this study, an arts-based narrative approach with a strength-based focus explored post traumatic growth (PTG) narratives through the use of altered book making and directives four and five of the check protocol. The participant reported shifts in sense of self (increased awareness of strengths), separation from shame, hopefulness, a new sense of possibility, and gratitude. The protocol was successful in producing post-trauma recovery markers including self identified character strengths (compassion, empathy, love, strategic thinking, tenacity, spirituality, persistence, resiliency, the ability to see “what is”, and the ability to “sit with the unknown”, which she identified as her strongest character asset; improved insight; and improved relational satisfaction. Statistically significant findings of the study include increased overall life satisfaction, happiness, expected happiness in 5 years time, perception of “having gotten the important things in life”, “the things I do are worthwhile”, job satisfaction, satisfaction in personal relationships, and decreases in feeling “worried”.

Summary of Findings

The results from this narrative inquiry with a 60-year-old upper middle class white female with a graduate degree produced improvements in several post-trauma recovery markers (Hass-Cohen et.al, 2014) including self-identified character strengths. The purpose of this protocol was to explore areas of ongoing consequences as a result of trauma narratives by employing art to highlight areas where narratives could be shifted and personal growth could be deepened. The first discovery (which became the basis for psychological shifts the participant wished to shift) was the participants' new awareness of the shame she still experienced as a result

of the cumulative traumatic events she had experienced. The realization that she was not responsible for other people's shame was considered a "huge relief" to her and was a catalyst for profound shifts in meaning making, sense of self, overall life satisfaction, hopefulness, and happiness. The shifts came gradually beginning in the fourth week of the altered book making process when Susan (having been encouraged by the researcher to consider her strengths) expressed gratitude for the strengths that had carried her through, saying **"**I was stuck and this has moved me forward again. It's hard looking at the past, but also freeing. Using art gets it outside of me in a way that writing doesn't." The following week Susan created a solution to separate herself from the shame of her parents by making a list of ways in which her parents carried shame and a list of things for which she felt gratitude regarding her childhood relationship with her parents. Creating these two lists allowed Susan to see that she had been carrying her own as well as her parent's shame. The realization that both lists were the equal in length gave Susan a lens through which to reframe her story. Her experience shifted from "being shameful" to "it's about them (her parents)" resulting in a shift in knowing for Susan from that everything that had happened to her was her fault to "no wonder I felt that way" and feeling empowered to "give the shame back" to her parents.

By the next session, Susan had finished the process of creating visual distance between herself and the shame of the remaining events resulting in Susan "understanding shame is linked (to the most recent traumatic event which occurred in the town she was still living in) takes the sting out of this town for me." She reported the discernment was "huge" for her, that the fear and shame of the events no longer felt present, and that a sense of compassion for herself had replaced feeling of being overwhelmed. She also reported feeling a new excitement about

exploring a new life scenario but did not yet know what that might look like except knowing she wanted to continue her “spiritual walk”.

The last two drawings of the check protocol are designed to promote resiliency and facilitate PTG (Hass-Cohen et al., 2014). The interventions are “draw your strengths” and “draw an image of what an optimistic future would look like” (Hass-Cohen et al., 2014). In this case example the results were consistent with the intention of the designers of the protocol. In response to directive four “draw your strengths”, Susan depicted a heart representing love, empathy, and compassion, a list and a pencil were chosen to portray tenacity and strategic thinking, a black Madonna represented her spirituality. Susan also drew a ladder and wall as symbols for persistence, resiliency, and creative solutions, an eye as a portrayal of intuition and the ability to see “what is", a “warm, cozy blanket” around two question marks as a symbol of her ability to “sit with the unknown”. Susan then stated she considered “the ability to sit with the unknown” to be her greatest strength. Susan named this drawing *Gratefulness for the Great Save.*

Before completing directive five of the Check protocol “draw an image of what an optimistic future would look like”, Susan expressed gratitude for a “heavy darkness” having been lifted and feeling more “settled”. In response to the directive, Susan placed herself as an Amish in the center of the page in between a large tree (signifying that she was outside and in relationship with nature and her her house, verbalizing that she was no longer inside the house looking out at the tree, but next to it stating that she was now “next to the tree”, “most importantly I am outside of the house”. A pathway was added with Susan stating she “didn’t know where it went, but probably towards some opportunities to engage in activities. After a brief pause, Susan added sunshine to portray “positive energy”, a tennis shoe portraying a “walk with friends and family”, green leaves to the trees for “life”, a clock for “volunteer work”, and a

circle of faces to depict her “deepest” desire; a circle of women engaged in “authentic conversation”.

After another brief pause, Susan added details to the depiction of herself (green eyes “looking straight forward, not darting around”, clothing that she felt looked like her and she was comfortable being seen in, “black tennis shoes”, “capris”, and a necklace she stated symbolized “integration and wholeness”). She further stated additional details symbolized she was no longer wearing the“black veil” of shame or the “stark nakedness” of vulnerability. She stated, “I don’t feel that heaviness now.” She then deepened the color of the grass to depict feeling “grounded”.

Prompted by the researcher, Susan stood and looked at her painting from another vantage point. In response to the researcher’s suggestion to notice her response, Susan said “sadness, a sadness for the lost opportunities of the last 15 years”. The shifting her body to a more solid, upright stance and a spreading smile, “sad and hope”. When the researcher asked Susan if there was anything she would like to add or change in the drawing, Susan added yellow and blue curtains to the house, a front door, steps, a red chair, a blue couch, and color to the outside commenting that she wanted to honor the house for having provided safe space, but “now I am outside”. Susan named her drawing *Hope* stating she was grateful for the “relief, illumination” and awareness she had gained through participating in the process.

Results from pre-posttest Well Being Survey support art based findings indicating improvements in overall life satisfaction (10% gain), “happiness” (20% gain), decrease in “worried” (20%), expected happiness in 5 years (14% gain), perception of having “gotten the important things in life” (14% gain), positive affect (10% gain), believing that “what I do in life is worthwhile” (10% gain), satisfaction with personal relationship (10%), and a decrease (30%) in negative affect. Results which may seem inconsistent with the overall scores were a 10%

increase in perception of how long it takes to return to normal when “things go wrong”, and loss in the previous weeks energy levels (40%), and a decrease in feeling part of her community (10%); however, the researcher thinks these results are positive in that they indicate the increased awareness the participant experienced during the process.

Strengths

The protocol and methodology for this study were phenomenological in nature meaning they were interested in the personal inner experience of the self. Carl Rogers, a proponent of person-centered therapy, maintained it was incumbent upon the therapist to understand the phenomenology of the client in order to help the client move towards self-actualization (Mischel et al., 2001). The nested mixed methods design combining arts-based research with pre and posttest survey analysis allowed the researcher to gather detailed phenomenological information regarding the experience of trauma and movement towards post traumatic growth through the collection of data from arts-based research, participant feedback, and survey analysis, which is the purpose of nested mixed methods design (Neubauer et al., 2019).

Limitations

The small sample size (n=1) limited the study making it difficult to apply the results of this study to other women in therapy. The purpose of this study was for inquiry rather than therapy therefore readers should use this as information about PTG rather than a case study of a therapeutic process. Threats to external validity of this study could have been due to the experimenter effect where the characteristics of the researcher unintentionally influenced the outcome, Hawthorne effect (the tendency for participants to change their behaviors simply because they know they are being studied).

Possible threats to internal validity included lack of a control group and confounding variables including the self-driven nature of the participant and self-motivation to do additional research.

Recommendations and Implications for Best Practices in Art Therapy

The personal phenomenology of each client should be taken into account when working with this protocol or any other trauma informed methodology and as Carl Rogers said "Of course, the therapist should accept the patient nonjudgmentally and unconditionally. And, of course, the therapist must enter empathically into the private world of the client" (Rogers, 1995). It is clear that Art Therapy can be used to facilitate PTG and that case studies can provide rich data. More single case research studies would be helpful to provide thick, practical data.

Implications for Future Research

This research revealed the significance of the fear/shame bind which is often hidden from consciousness even for clients, like Susan, who have undergone intensive trauma treatment. Further research using the nested mixed methods approach could focus on exploration and understanding of the fear/shame bind. In particular this process could be easily adapted to fit a group which could provide deeper understanding of the fear/shame bind and provide understanding of the increased efficacy of group support. Longitudinal studies repeating the protocol over a period of time could also provide a deeper understanding of the benefits of ongoing recovery support.

Author's Note

The idea for this study came about through the researcher's own process of ongoing recovery from complex trauma beginning with childhood sexual abuse (CSA). During a course in methods of group and family therapy, the researcher was given an assignment to employ altered bookmaking to explore a "positive reframe" of her family system dynamics. The story that chose to be reframed was the story that the women in the researcher's family were weak. The belief, based on her observations of the subservience of the women to their husbands combined with the fact that her mother had not protected her from her father was valid but it was not serving her emotional well-being or her growth towards self-actualization. The book the researcher chose to alter about lace making and knitting was symbolic of the women in her family who were all textile artisans. As she tore pages out of the book to make room for creating new art, she began to feel a sense of relief, having a physical and emotional release, sensing a freedom from the parts of her story she no longer wished to hold on to and making room for new meanings. This following is an excerpt from the researcher's altered book.

They were Victims:

> They supported their men because that is what they had been taught, take care of the men and they will take care of you. It did not work. They were betrayed and abused, watched their children be abused and become abusers.

They were Survivors

> They survived. They wove, knitted, darned and sewed themselves and their families back together. And they picked themselves up and started new lives and new loves. They supported each other, followed their passions and loved with their hearts wide open.

They were Thrivers

> When I let go of the blame, the shame, the embarrassment of watching those beautiful, strong women kowtow to their men, when I forgave, I was left with their strength.

The positive changes in sense of self, meaning making, and happiness that occurred for the researcher as a result of the altered book making process inspired her to design a research protocol which included altered book making as an art directive in ongoing PTG.

Conclusion

This study suggests that using an arts-based narrative approach with a strength-based focus to explore PTG narratives through the use of altered book making is effective in providing increased overall life satisfaction, increased hopefulness, and decrease in worriedness. The sample size of this study was limiting. Further research is suggested to assess the efficacy of the protocol with larger sample sizes and with groups.

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Appendix A

Permission to Recruit Letter

Permission to Recruit Letter

Dear Dr. Kremer,

I am a student in Thesis Project Class and I am writing to request permission from you to post fliers to recruit participants for my research study titled:

Altered Stories, Altered Lives: An Exploration of Post Traumatic Growth from A Narrative Perspective with a Strengths Based Focus

I would like to post fliers for my study in the department. If appropriate, I would also like to recruit in classes and on the Art Therapy Department Facebook Page. Please let me know if these recruitment methods are acceptable. I can answer any other questions you may have about my study.

Thank you,

Andrea Rose Jones

Appendix B

Recruitment Flyer


Call For Participants
A STUDY EXPLORING RECOVERY FROM CHILDHOOD TRAUMA
Have you experienced childhood trauma that affected your adult life?
Have you done some type of healing from the trauma through therapy or twelve step work?
Would you like to explore continuing the healing process from survivor to thriver?
Would you be willing to participate in a graduate art therapy confidential research project?
Please contact:
Andrea Rose Jones
831.601.3656
andrea.jones@students.dominican.edu

Appendix C

Research Study

RESEARCH STUDY

Dominican University of California

50 Acacia Avenue

San Rafael, CA 94901

Title of Research: Altered Stories, Altered Lives: An Exploration of Post Traumatic Growth from a Narrative Perspective with a Strengths Based Focus

Name of Principal Investigator (PI): Andrea Rose Jones

Contact information for PI: andrea.jones@students.dominican.edu

Research Committee Chair: Dr. Sarah Kremer

Contact information for Chair: sarah.kremer@Dominican.edu

A. Research Purpose and Background:

This research project seeks to provide a deeper understanding of Post Traumatic Growth (PTG) through an aesthetic mixed methods research design to explore shifts in dominant stories, meaning making, happiness, and sense of self explore shifts in dominant stories, meaning making happiness, and sense of self, through the use Altered Book Making and directives four and five of the Check Art Therapy Protocol and to provide a deeper understanding of the ongoing process of PTG. This research is significant to the field of art therapy and to the study of individuals who are currently in the Post Traumatic Growth (PTG) stage of trauma recovery.

B. Procedures

These are the procedures which will occur after IRB approval. After initial contact through phone or email, the researcher will explain an overview of the research process, an explanation of informed consent, and participants will have the opportunity to ask questions. If they decide to participate, participants will receive via email the following: an informed consent

form, the Well-Being Survey, and a demographics survey. They will return these signatures electronically via email.

Participants will then meet individually with the researcher once a week for 8 weeks over Zoom or in person. During these one-hour sessions, participants will be asked to consider a belief (story) about themselves or their life which they would like to change. Participants will then be given art and writing prompts to explore creating a new story through the process of altered book making and replicate the last two directives of the Check protocol; "draw your strengths", and "draw an image of what an optimistic future would look like." Participants will be invited to share thoughts, feelings, and insights throughout the process. The last session will be a closure session in which the participant will be encouraged to ask questions and share insights, participate in a gratitude ceremony, and re-take the Well-Being Survey.

Following the completion of the last group, if participants decide to submit their art for use in the research, they will be asked to complete an art release.

C. Risks

The current research has potential to cause participants discomfort, frustration, or trauma flashback responses. Risks will be mitigated by one-on-one attention during sessions, encouraging participants to refocus on the positive growth aspect inherent in the process, and the ability to use art to manage trauma response. Potential risks of participant identification will be minimized through reiterating to participants that confidentiality and safety will be assured throughout the 8-week process. Forms and survey results will be kept in a secure location on the researcher's home computer with a protected password, and no names will be disclosed. The last session will include a debriefing process and additional resources will be offered (see Appendix I).

D. Benefits

Supporting PTG through art making and directives four and five of the Check protocol, are the focus of this research; therefore, the expected benefits for participants include: positive shifts in meaning making, happiness, and sense of self, finding new meaning in their trauma stories, a greater appreciation for life, a growing sense of personal strength, richer spiritual experiences, increased compassion for self and others, and a transformation of priorities

E. Confidentiality

Participants will attend sessions via Zoom or in person. All meetings will be private. Initials and codes will be used in place of names on all forms and data to ensure confidentiality. Forms will be downloaded, completed, and returned via email. Participants will email images of artwork and survey responses to the researcher. All data will be seen only by the researcher. All artwork and the altered book will remain with the participant. The data will be stored in secure folders on the researcher's password protected home computer during and after the study. A coding system will be put in place to safeguard the identity of the participant. Participants will be given a code. Names and codes kept separate from data.

F. Alternatives

Participation in this research is voluntary and participants will be advised they may withdraw from the research study at any time without any negative repercussions.

G. Costs/Compensation

The cost to participants will include approximately 20 hours of time, the provision that they have access to a computer, a current email account, and a willingness to participate in 8 individual weekly art making/discussion sessions. There will be no additional costs to participate. No compensation will be provided at this time.

H. Questions

Please submit any questions to Andrea Rose Jones at andrea.jones@students.dominican.edu or Dr. Sarah Kremer at sarah.kremer@dominican.edu

PARTICIPATION IN THIS RESEARCH Study is voluntary. I am free to choose not to participate in this research study, and I may withdraw my participation at any point without penalty.

Print Name: _____ Date: _____

Research Participant

Signature: _____ Date: _____

Research Participant

Signature: Andrea Rose Jones_____ Date: __February 26, 2022_____

Principal Investigator

Appendix D

Consent Form

CONSENT FORM TO BE A RESEARCH PARTICIPANT DOMINICAN UNIVERSTIY OF CALIFORNIA

1. I understand that I am being asked to participate as a Participant in a research study designed to explore arts-based interventions using the Check Protocol and Altered Book making over 8 weekly meetings with adults who have experienced CSA or other childhood traumas and are in the Post Traumatic Growth (PTG) stage of trauma recovery. The research questions for the current study are 1) What insights will emerge for participants as they explore the stories they want to shift? 2) Will participants experience positive shifts in meaning making, happiness, and sense of self?
2. This research is part of Andrea Rose Jones' Thesis research project at Dominican University of California, California.
3. This research project is being supervised by Dr. Sarah Kremer, Faculty Advisor, Department of Art Therapy. Dominican University of California.
4. I understand that participation in this research will involve the completion of a pre and post surveys, 8 one-hour virtual meetings which will include art making as well as voluntary discussion.
5. I understand that my participation in this study is completely voluntary and I am free to withdraw my participation at any time.
6. I have been made aware that the interviews may be recorded. All personal references and identifying information will be eliminated when these recordings are transcribed, and all Participants will be identified by numerical code only; the master list for these codes will be kept by Andrea Rose Jones in a locked file, separate from the transcripts. Coded

transcripts will be seen only by the researcher and her faculty advisors. One year after the completion of the research, all written and recorded materials will be destroyed.

7. I am aware that all study participants will be furnished with a written summary of the relevant findings and conclusions of this project. Such results will not be available until September 1, 2022.
8. I understand that I will be discussing topics of a personal nature and that I may refuse to answer any question that causes me distress or seems an invasion of my privacy. I may elect to stop the interview at any time.
9. I understand that my participation involves no physical risk, but may involve some psychological discomfort, given the nature of the topic being addressed in the interview. If I experience any problems or serious distress due to my participation, I may excuse myself at any time. Ms. Jones may be contacted at (andrea.jones@students.dominican.edu).
10. I understand that if I have any further questions about the study, I may contact Ms. Jones at [andrea.jones@students.dominican.edu] or her research supervisor, [Dr. Sarah Kremer, sarah.kremer@gmail.com], If I have further questions or comments about participation in this study, I may contact the Dominican University of California Institutional Review Board for the Protection of Human Participants (IRBPHP), which is concerned with the protection of volunteers in research projects. I may reach the IRBPHP Office by calling (415) 482-3547 and leaving a voicemail message, by FAX at (415) 257-0165 or by writing to the IRBPHP, Office of the Associate Vice President for Academic Affairs, Dominican University of California, 50 Acacia Avenue, San Rafael, CA 94901.

11. I understand if I have any unresolved feelings from this research that cannot be answered by Andrea Rose Jones or Dr. Sarah Kremer, additional support may be found at: www.authentichappiness.sas.upenn.edu, https://trauma-recovery.ca, https://marthabeck.com, and https://www.mentalhealthca.org/resources
12. All procedures related to this research project have been satisfactorily explained to me prior to my voluntary election to participate. I HAVE READ AND UNDERSTAND ALL OF THE ABOVE EXPLANATION REGARDING THIS STUDY. I VOLUNTARILY GIVE MY CONSENT TO PARTICIPATE. A COPY OF THIS FORM HAS BEEN GIVEN TO ME FOR MY FUTURE REFERENCE.

    Signature_____

    _____ Date

Appendix E

Permission to Use Artwork

PERMISSION TO USE ARTWORK

I hereby give permission to Andrea Rose Jones to use my artwork in an art therapy research project. I understand that my name will not be attached to my drawings and that my identity will not be revealed to any of the other academic researchers involved in the project.

I understand that some of the drawings may be used in professional art therapy publications and presentations but no information which would indicate the artist's identity would be used in conjunction with them.

Print Name: _____

Signed: _____

Date: _____

Appendix F

Demographics Form

DEMOGRAPHICS FORM

Age:

Race/Ethnicity:

Highest level of education:

County of residence:

Employment Status:

Have you experienced childhood sexual abuse or other forms of abuse during childhood which resulted in experiencing trauma symptoms (depression, anxiety, other)

PTSD?_____

CT? _____

Other?

-If yes, please specify:_____

_____

Have you attended therapy, twelve step or other support groups to begin the trauma recovery process? _____

If yes, do you feel you have resolved the initial grief and shame of the abuse?

If yes, please specify:_____

In the last 6 months, have you experienced any significant changes or major life events?

-If yes, please specify:_____

Please list your current strategies to manage stress:_____

Have you ever used art making to manage stress? _____

Print Name: _____

Signed:____

Date:____

Appendix G

Debriefing Statement

DEBRIEFING STATEMENT

February 29, 2022

Dominican University of California

50 Acacia Avenue, San Rafael, CA 94901

Project Title: Altered Stories, Altered Lives: An Exploration of Post Traumatic Growth from A Narrative Perspective with a Strengths Based Focus

Student Investigator: Andrea Rose Jones

Thank you for your participating in this research project. The purpose of this research project was to explore shifts in dominant stories, meaning making happiness, and sense of self, through the use Altered Book Making and directives four and five of the Check Protocol and to provide a deeper understanding of the ongoing process of PTG.

Additional benefits of this study may include increased levels of hopefulness and decreased levels of anxiety. Your participation was a valuable contribution to the field of art therapy and to the study of individuals who are currently in the PTG stage of trauma recovery. Andrea Rose Jones, the student investigator, will be available to answer any questions concerning my involvement in the research project, and can be reached by email: andrea.jones@students.dominican.edu. Dr. Sarah Kremer, research supervisor, will also be available to answer any questions regarding the qualifications of Andrea Rose Jones. Dr. Sarah Kremer may be reached by phone: 650-508-3674, or by email: sarah.kremer@dominican.edu. If you have any unresolved feelings from this research that cannot be answered by Andrea Rose Jones or Dr. Sarah Kremer, additional support may be found at:

www.authentichappiness.sas.upenn.edu, https://trauma-recovery.ca, https://marthabeck.com, and https://www.mentalhealthca.org/resources.

Sincerely,

Andrea Rose Jones

Student Investigator

Appendix J

Well-being Survey

Well-Being Survey

All questions must be completed for this questionnaire to be scored.

1. The following question asks how satisfied you feel, on a scale from 0 to 10. Zero means you feel not at all satisfied and 10 means you feel completely satisfied.

   Overall, how satisfied are you with life as a whole these days?

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

2. The following question asks how worthwhile you feel the things you do in your life are, on a scale from 0 to 10. Zero means you feel the things you do in your life are "not at all worthwhile", and 10 means "completely worthwhile".

   Overall, to what extent do you feel the things you do in your life are worthwhile?

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

3. The following questions ask about how you felt yesterday on a scale from 0 to 10. Zero means you did not experience the feeling "at all" yesterday while 10 means you experienced the feeling "all of the time".

   How about happy?

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

4. How about worried?

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

5. How about depressed?

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

6. Please imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

   On which step of the ladder would you say you personally feel you stand at this time?

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

7. The following question asks how happy you feel, on a scale from 0 to 10. Zero means you feel "not at all happy" and 10 means "completely happy".

   Taking all things together, how happy would you say you are?

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

8. The following two questions ask how satisfied you feel, on a scale from 0 to 10. Zero means you feel "not at all satisfied" and 10 means "completely satisfied".

   Overall, how satisfied with your life were you 5 years ago?

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

9. As your best guess, overall how satisfied with your life do you expect to feel in 5 years time?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

10. Below are five statements with which you may agree or disagree. Using the 1-7 scale, indicate your agreement with each item. Please be open and honest in your responding.

In most ways my life is close to my ideal

- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree
- Agree
- Strongly agree

11. The conditions of my life are excellent

- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly Agree
- Agree

12. I am satisfied with my life

- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree
- Agree
- Strongly agree

13. So far I have gotten the important things I want in life

- Strongly disagree
- Disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree
- Agree
- Strongly Agree

14. If I could live my life over, I would change almost nothing

- Strongly disagree
- Agree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree
- Strongly agree

15. The following questions ask about how you felt yesterday on a scale from 0 to 10. Zero means you did not experience the emotion “at all” yesterday while 10 means you experienced the emotion “all of the time” yesterday.

How about enjoyment?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

16. How about calm?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

17. How about worried?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

18. How about sadness?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

19. How about happy?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

20. How about depressed?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

21. How about anger?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

22. How about stressed?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

23. How about tired?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

24. Did you smile or laugh a lot yesterday?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

25. You will now be asked some questions about how you feel about yourself and your life. Please use a scale from 0 to 10 to indicate how you feel. Zero means you “disagree completely” and 10 means “agree completely”.

In general, I feel very positive about myself

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

26. I'm always optimistic about my future

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

27. I am free to decide for myself how to live my life

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

28. I generally feel that what I do in my life is worthwhile

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

29. Most days I get a sense of accomplishment from what I do

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

30. When things go wrong in my life it generally takes me a long time to get back to normal

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

31. You will now be presented with a list of ways you might have felt during the past week. On a scale from 0 to 10, where zero means you felt that way "not at all" during the past week and 10 means you felt that way "all the time" during the past week, please indicate how much of the time during the past week...

...you had a lot of energy?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

38. How satisfied are you with how safe you feel?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

39. How satisfied are you with feeling part of your community?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

40. How satisfied are you with your future security?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

41. How satisfied are you with the amount of time you have to do the things that you like doing?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

42. How satisfied are you with the quality of your local environment?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

43. How satisfied are you with your job?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

This questionnaire is copyright free published and published in *OECD Guidelines on Measuring Subjective Well-being* OECD (2013).

Appendix K

Altered Book Instructions

Materials:

- An old book
- Scissors
- Craft knife
- Photos and magazines
- Acrylic paint
- Gesso
- Watercolors
- Paintbrushes
- Alcohol ink pens
- White craft glue
- Ink pads
- Blending Brushes
- Embossing paint
- Glitter glue
- Embellishments
- Waxed or parchment paper
- White PVA craft glue (not to worry, it dries clear)
- A brayer (Or a rolling pin)
- Bull dog clips or paper clips
- An old credit card or gift card or a foam brush
- Craft mat or newspaper
- Hair dryer (optional – to speed up drying time).
- Bags of dry rice or beans (for weights)
- Ruler

1. Choose a Book to Alter
   Considerations:

   a. Choose a book with a seamed binding (sewn spine)

   b. Size – consider how big you want your book to be

   c. Thematic – you might want to choose a book related to the theme of your story

   d. Quality of paper- thick, not glossy

2. Collect Images from:

   a. Magazines

   b. Internet

   c. Photos

3. Prepare Book
    a. Tear out pages
        i. (1/3 to ½ of book)
        ii. Tear or cut (using a ruler or xacto knife) ½ inch from spine
        iii. If you can, locate center of seamed sections to rip or cut out unwanted pages,
        iv. Note: Tearing out pages can be a cathartic experience, beginning the process of emotionally "letting go" of unwanted beliefs.
    b. Gesso pages to prime for painting and or collaging.

        Use transparent gesso for images/words you want to show through and white or black gesso to cover the images/words you want to hide.

        Note: If you plan on collaging, rather than painting, you can skip this step
    c. Glue sections (2-3 pages) of remaining pages together. This will give you a firmer "canvas".

        Note: I prefer to prime the entire book before starting to create imagery in the book.
4. Resources:
    a. https://discover.hubpages.com/art/Altered-Books-Tips-And-Ideas
    b. https://artjournalist.com/how-to-prepare-an-old-book/
    c. https://www.youtube.com/watch?v=ZTKmBAwEyLY&t=0s